

DATE 05/23/2008

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000027042

APPLICANT LORI WEST PHONE 904 838-5882
 ADDRESS 10977 W BEAVER ST JACKSONVILLE FL 32220
 OWNER VERIZON WIRELESS/SCHILLER PHONE 813 615-4800
 ADDRESS 133 SE NEWELL COURT LAKE CITY FL 32055
 CONTRACTOR SOUTHERN ATLANTIC ELECTRIC CO PHONE 904 268-3009
 LOCATION OF PROPERTY 90E, TR ON 100, TR ON NEWELL DRIVE, TR INTO COLUMBIA
COUNTY INDUSTRIAL PARK, 1000 FEET ON RIGHT

TYPE DEVELOPMENT GENERATOR ESTIMATED COST OF CONSTRUCTION 11000.00
 HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT _____ STORIES _____
 FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____
 LAND USE & ZONING _____ MAX. HEIGHT _____
 Minimum Set Back Requirements: STREET-FRONT _____ REAR _____ SIDE _____
 NO. EX.D.U. _____ FLOOD ZONE _____ DEVELOPMENT PERMIT NO. _____

PARCEL ID 02-4S-17-07479-104 SUBDIVISION COLUMBIA CO. IND. PARK
 LOT _____ BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES _____

EC0001499
 Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor _____
 EXISTING X08-134 BK JH N
 Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: NOC ON FILE

Check # or Cash 3438

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power _____ Foundation _____ Monolithic _____
 date/app. by _____ date/app. by _____ date/app. by _____
 Under slab rough-in plumbing _____ Slab _____ Sheathing/Nailing _____
 date/app. by _____ date/app. by _____ date/app. by _____
 Framing _____ Rough-in plumbing above slab and below wood floor _____
 date/app. by _____ date/app. by _____
 Electrical rough-in _____ Heat & Air Duct _____ Peri. beam (Lintel) _____
 date/app. by _____ date/app. by _____ date/app. by _____
 Permanent power _____ C.O. Final _____ Culvert _____
 date/app. by _____ date/app. by _____ date/app. by _____
 M/H tie downs, blocking, electricity and plumbing _____ Pool _____
 date/app. by _____ date/app. by _____ date/app. by _____
 Reconnection _____ Pump pole _____ Utility Pole _____
 date/app. by _____ date/app. by _____ date/app. by _____
 M/H Pole _____ Travel Trailer _____ Re-roof _____
 date/app. by _____ date/app. by _____ date/app. by _____

BUILDING PERMIT FEE \$ 55.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
 MISC. FEES \$ 0.00 ZONING CERT. FEE \$ _____ FIRE FEE \$ 0.00 WASTE FEE \$ _____
 FLOOD DEVELOPMENT FEE \$ _____ FLOOD ZONE FEE \$ _____ CULVERT FEE \$ _____ **TOTAL FEE** 55.00

INSPECTORS OFFICE [Signature] CLERKS OFFICE CA

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECEIVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED TO BE IN ACTIVE PROGRESS WHEN THE PERMIT HAS RECEIVED AN APPROVED INSPECTION WITHIN 180 DAYS.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

C/C# 3438

Columbia County Building Permit Application

For Office Use Only Application # 0805-29 Date Received 5/15/08 By CF Permit # 27042

Zoning Official _____ Date _____ Flood Zone _____ FEMA Map # _____ Zoning _____

Land Use _____ Elevation _____ MFE _____ River _____ Plans Examiner _____ Date _____

Comments _____

NOC EH Deed or PA Site Plan State Road Info Parent Parcel # _____

Dev Permit # _____ In Floodway Letter of Authorization from Contractor _____

Unincorporated area Incorporated area Town of Fort White Town of Fort White Compliance letter _____

Septic Permit No. _____ Fax 904-695-2955

Name Authorized Person Signing Permit Lon T. West Phone 904-838-5882

Address 10999 W. Beaver St. Jacksonville FL 32220

Owners Name Verizon Wireless / David Schiller Phone 904-710-5439

911 Address 133 SE Newell Ct., L.C. 32055

Contractors Name Southern Atlantic Electric Co. Phone 904-288-3009

Address 11618 Columbia Park Pr. E. Jacksonville FL 32258

Fee Simple Owner Name & Address N/A

Bonding Co. Name & Address N/A

Architect/Engineer Name & Address Foresite Group 231 N. Kentucky Ave Suite 2 Lakeland FL 33801

Mortgage Lenders Name & Address N/A

Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progress Energy

Property ID Number 02-45-19-07499-104 Estimated Cost of Construction \$11000

Subdivision Name Columbia County Ind. Park Lot _____ Block _____ Unit _____ Phase _____

Driving Directions 90E TR 100, TR Newell Ct, 1/2 mile on right

Number of Existing Dwellings on Property _____

Construction of Install generator Total Acreage _____ Lot Size 2405sqft

Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive Total Building Height _____

Actual Distance of Structure from Property Lines - Front _____ Side _____ Side _____ Rear _____

Number of Stories _____ Heated Floor Area _____ Total Floor Area _____ Roof Pitch _____

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction.

* see Miller 386.362.558

Columbia County Building Permit Application

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FLORIDA'S CONSTRUCTION LIEN LAW: Protect Yourself and Your Investment

According to Florida Law, those who work on your property or provide materials, and are not paid-in-full, have a right to enforce their claim for payment against your property. This claim is known as a construction lien. If your contractor fails to pay subcontractors or material suppliers or neglects to make other legally required payments, the people who are owed money may look to your property for payment, even if you have paid your contractor in full. This means if a lien is filed against your property, it could be sold against your will to pay for labor, materials or other services which your contractor may have failed to pay.

NOTICE OF RESPONSIBILITY TO BUILDING PERMITEE:

YOU ARE HEREBY NOTIFIED as the recipient of a building permit from Columbia County, Florida, you will be held responsible to the County for any damage to sidewalks and/or road curbs and gutters, concrete features and structures, together with damage to drainage facilities, removal of sod, major changes to lot grades that result in ponding of water, or other damage to roadway and other public infrastructure facilities caused by you or your contractor, subcontractors, agents or representatives in the construction and/or improvement of the building and lot for which this permit is issued. No certificate of occupancy will be issued until all corrective work to these public infrastructures and facilities has been corrected.

OWNERS CERTIFICATION: I hereby certify that all the foregoing information is accurate and all work will be done in compliance with all applicable laws and regulating construction and zoning. I further understand the above written responsibilities in Columbia County for obtaining this Building Permit.



Owners' Signature

CONTRACTORS AFFIDAVIT: By my signature I understand and agree that I have informed and provided this written statement to the owner of all the above written responsibilities in Columbia County for obtaining this Building Permit.



Contractor's Signature (Permittee)

Contractor's License Number EC0001499
Columbia County
Competency Card Number _____

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 22nd day of April 2008.
Personally known _____ or Produced Identification Florida Dr. Lic.



State of Florida Notary Signature (For the Contractor)

SEAL:



Maria Luisa Kacetow
Commission # DD385207
Expires January 31, 2009
Bonded Troy Fain - Insurance, Inc. 800-395-7019

Columbia County Property Appraiser

DB Last Updated: 4/15/2008

2008 Proposed Values

Tax Record

Property Card

Interactive GIS Map

Print

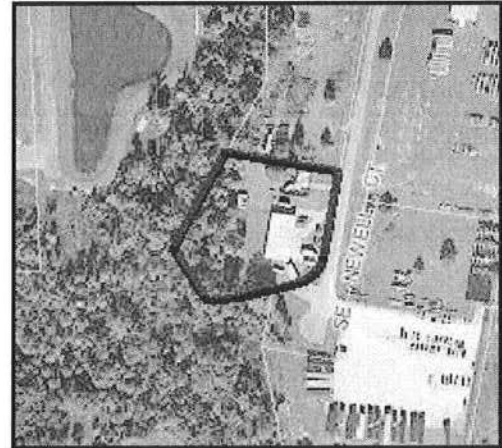
Parcel: 02-4S-17-07479-104

Search Result: 1 of 1

Owner & Property Info

Owner's Name	SCHILLER DAVID A & VICTORIA S		
Site Address	COLUMBIA CO IND PARK		
Mailing Address	12888 145TH RD LIVE OAK, FL 32060		
Use Desc. (code)	WAREHOUSE- (004800)		
Neighborhood	2417.01	Tax District	2
UD Codes	MKTA06	Market Area	06
Total Land Area	2.080 ACRES		
Description	LOT 4 COLUMBIA COUNTY INDUSTRIAL PARK PHASE I. ORB 847-1904.		

GIS Aerial



Property & Assessment Values

Mkt Land Value	cnt: (2)	\$37,440.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (1)	\$138,909.00
XFOB Value	cnt: (1)	\$12,840.00
Total Appraised Value		\$189,189.00

Just Value	\$189,189.00
Class Value	\$0.00
Assessed Value	\$189,189.00
Exempt Value	\$0.00
Total Taxable Value	\$189,189.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
10/6/1997	847/1904	WD	V	U	03	\$16,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	WAREH STOR (008400)	1997	Mod Metal (25)	5000	6090	\$138,909.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0166	CONC,PAVMT	1997	\$12,840.00	8560.000	0 x 0 x 0	(.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
004800	WAREHOUSE (MKT)	1.080 AC	1.00/1.00/1.00/1.00	\$18,000.00	\$19,440.00
009105	TOWER SITE (MKT)	1.000 AC	1.00/1.00/1.00/1.00	\$18,000.00	\$18,000.00

Columbia County Property Appraiser

DB Last Updated: 4/15/2008

**SOUTHERN ATLANTIC ELECTRIC COMPANY
11618 COLUMBIA PARK DRIVE, EAST
JACKSONVILLE, FL 32258
904-268-3009 FAX 904-268-3899**

LIMITED POWER OF ATTORNEY

RE: SITE NAME: T-MOBILE LAKE CITY
SITE NUMBER: 103803 JS-390
ADDRESS: 133 S.E. NEWELL COURT
LAKE CITY, FL 32055

PARCEL ID: 02-4S-17-07479-104

TO WHOM IT MAY CONCERN:

Please be advised that I, Raymond M. McIntosh, hereby authorize Lori T. West, J. Hamner Services, Inc. to act on my behalf for applying for and picking up permits from building departments for telecom systems and to sign all necessary documents on my behalf regarding Contractor Registration, Permit Applications and Permit Submittals.

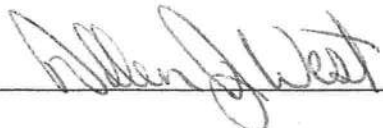
Thank you for your assistant in this matter.
Raymond M. McIntosh EC0001499

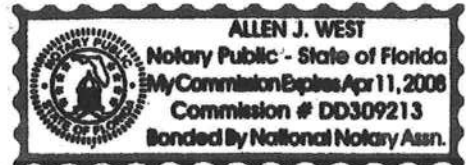


Raymond M. McIntosh

State of Florida County of Duval
Acknowledged before me on this 17th day of March,
2008 by Raymond M. McIntosh who is personally known to me or has produced
_____ as identification.

Notary Public, State of Florida, County of Duval





Columbia County Building Permit Application

TIME LIMITATIONS OF APPLICATION : An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued; except that the building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extension shall be requested in writing and justifiable cause demonstrated.

FLORIDA'S CONSTRUCTION LIEN LAW: Protect Yourself and Your Investment

According to Florida Law, those who work on your property or provide materials, and are not paid-in-full, have a right to enforce their claim for payment against your property. This claim is known as a construction lien. If your contractor fails to pay subcontractors or material suppliers or neglects to make other legally required payments, the people who are owed money may look to your property for payment, even if you have paid your contractor in full. This means if a lien is filed against your property, it could be sold against your will to pay for labor, materials or other services which your contractor may have failed to pay.

NOTICE OF RESPONSIBILITY TO BUILDING PERMITEE:

YOU ARE HEREBY NOTIFIED as the recipient of a building permit from Columbia County, Florida, you will be held responsible to the County for any damage to sidewalks and/or road curbs and gutters, concrete features and structures, together with damage to drainage facilities, removal of sod, major changes to lot grades that result in ponding of water, or other damage to roadway and other public infrastructure facilities caused by you or your contractor, subcontractors, agents or representatives in the construction and/or improvement of the building and lot for which this permit is issued. No certificate of occupancy will be issued until all corrective work to these public infrastructures and facilities has been corrected.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNERS CERTIFICATION: I hereby certify that all the foregoing information is accurate and all work will be done in compliance with all applicable laws and regulating construction and zoning. I further understand the above written responsibilities in Columbia County for obtaining this Building Permit.



Owners Signature

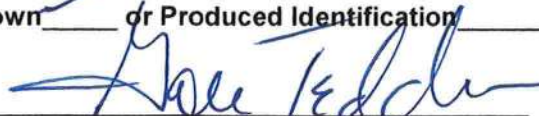
CONTRACTORS AFFIDAVIT: By my signature I understand and agree that I have informed and provided this written statement to the owner of all the above written responsibilities in Columbia County for obtaining this Building Permit.

Contractor's Signature (Permitee)

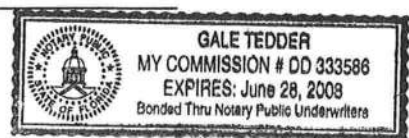
Contractor's License Number _____
Columbia County
Competency Card Number _____

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 23rd day of May 2008.

Personally known _____ or Produced Identification _____



SEAL:



State of Florida Notary Signature (For the Contractor)



STATE OF FLORIDA

AC# 2792287

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

EC0001499

09/08/06 060171109

CERTIFIED ELECTRICAL CONTRACTOR
MCINTOSH, RAYMOND MORRIS
SOUTHERN ATLANTIC ELECTRIC CO., I

IS CERTIFIED under the provisions of Ch. 489 FS.
Expiration date: AUG 31, 2008 L06090802021

DETACH HERE

AC# 2792287

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ# L06090802021

DATE BATCH NUMBER LICENSE NBR

09/08/2006 060171109 EC0001499

The ELECTRICAL CONTRACTOR

Named below IS CERTIFIED

Under the provisions of Chapter 489 FS.

Expiration date: AUG 31, 2008

MCINTOSH, RAYMOND MORRIS
SOUTHERN ATLANTIC ELECTRIC CO., INC
12800 EDENBRIDGE CT
JACKSONVILLE FL

JEB BUSH
GOVERNOR

SIMONE MARSTILLER
SECRETARY

DISPLAY AS REQUIRED BY LAW



2007-2008 BUSINESS TAX RECEIPT

CITY OF JACKSONVILLE/DUVAL COUNTY

MIKE HOGAN, TAX COLLECTOR

231 E FORSYTH STREET ROOM 130 JACKSONVILLE, FL 32202-3370

PHONE: (904) 630-2080 FAX: (904) 630-1432

WEBSITE: www.coj.net/tc

Note – A penalty is imposed for failure to keep this receipt exhibited conspicuously at your establishment of place of business. This receipt is furnished pursuant to chapter 770-772 City ordinance codes.

SOUTHERN ATLANTIC ELECTRIC
COMPANY INC
11618 E COLUMBIA PARK DR
JACKSONVILLE, FL 32258-2492

ACCOUNT NUMBER: 1016240000
LOCATION ADDRESS: 11618 E COLUMBIA PARK DR
JACKSONVILLE FL 32258-2492

DESCRIPTION: CONTRACTOR- ALL TYPES

COUNTY RECEIPT DESC: CONTRACTOR- ALL TYPES
MUNICIPAL RECEIPT DESC: MC 772.309

COUNTY TAX: 11.25
MUNICIPAL TAX: 31.25
TOTAL TAX PAID: 42.50

VALID FROM September 1, 2007 TO September 30, 2008

ATTENTION

THIS RECEIPT IS FOR BUSINESS TAX RECEIPT ONLY.
CERTAIN BUSINESS MAY REQUIRE ADDITIONAL STATE LICENSING.

This is a business tax receipt only. It does not permit the receipt holder to violate any existing regulatory or zoning laws of the County or City. Nor does it exempt the receipt holder from any other license or permit required by law. This is not a certification of the licensee's qualifications.

TAX COLLECTOR

THIS BECOMES A RECEIPT AFTER VALIDATION.

PAID-411849.0002-0002 M01 08/22/2007 42.50



2007-2008 BUSINESS TAX RECEIPT

CITY OF JACKSONVILLE/DUVAL COUNTY

MIKE HOGAN, TAX COLLECTOR

231 E FORSYTH STREET ROOM 130 JACKSONVILLE, FL 32202-3370

PHONE: (904) 630-2080 FAX: (904) 630-1432

WEBSITE: www.coj.net/tc

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MCINTOSH, RAYMOND M
SOUTHERN ATLANTIC ELECTRIC
11618 E COLUMBIA PARK DR
JACKSONVILLE, FL 32258-2492

ACCOUNT NUMBER: 1016250000
LOCATION ADDRESS: 11618 E COLUMBIA PARK DR
JACKSONVILLE FL 32258-2492

DESCRIPTION: QUALIFYING AGENT, CONTRACTORS

COUNTY RECEIPT DESC:	QUALIFYING AGENT, CONTRACTORS	COUNTY TAX:	0.00
MUNICIPAL RECEIPT DESC:	MC 772.325	MUNICIPAL TAX:	100.00
		TOTAL TAX PAID:	100.00

VALID FROM September 1, 2007 TO September 30, 2008

ATTENTION

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TAX COLLECTOR

THIS BECOMES A RECEIPT AFTER VALIDATION.

PAID-411849.0001-0001 M01 08/22/2007 100.00

DRIVER LICENSE
CLASS D

Florida



Raymond

The Sunshine State

LICENSE NUMBER

M253-733-67-465-0

RAYMOND MORRIS MCINTOSH
12800 EDENBRIDGE CT
JACKSONVILLE, FL 32223-3744

BIRTH DATE	SEX	HGT.	REST.	ENDORSE.
12-25-67	M	6-00	A	
ISSUED	EXPIRES	DUPPLICATE		
11-13-00	12-25-04	03-28-03		

X59033280213

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

Mar. 17. 2008 - 1:28PM
ACORD CERTIFICATE OF LIABILITY INSURANCE

No. 4237 P. 1/2
 03/17/2008

PRODUCER (904)448-9777 FAX (904)448-9788
 Insurance Office of America, Inc.
 2700 University Blvd.
 West Building B
 Jacksonville, FL 32217

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED Southern Atlantic Electric Company Inc
 11618 Columbia Park Dr E
 Jacksonville, FL 32258

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Westfield Companies	24112
INSURER B: Everest National Insurance Co.	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRT	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY	CMH1979697	02/01/2008	02/01/2009	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 150,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000
A		AUTOMOBILE LIABILITY	CMH1979697	02/01/2008	02/01/2009	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Comp. Ded \$1,000 <input checked="" type="checkbox"/> Coll. Ded \$1,000				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A		EXCESS UMBRELLA LIABILITY	CMH1979697 "UMBRELLA FORM"	02/01/2008	02/01/2009	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	2700003048-071	12/01/2007	12/01/2008	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A		OTHER Installation Floater Leased/Rented Equipment	CMH1979697	02/01/2008	02/01/2009	\$250,000 \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

Columbia County
 Building & Zoning Dept
 135 NE Hernando Ave
 Lake City, FL 32055

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
 Donald Poag/KATHY



Mar. 17. 2008- 1:28PM

No. 4237

P. 1/2

ACORD CERTIFICATE OF LIABILITY INSURANCE

03/17/2008

PRODUCER (904)448-9777 FAX (904)448-9788
 Insurance Office of America, Inc.
 2700 University Blvd.
 West Building B
 Jacksonville, FL 32217

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 11618 Columbia Park Dr E
 Jacksonville, FL 32258

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INSURER B: Everest National Insurance Co.	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	CMN1979697	02/01/2008	02/01/2009	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 150,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Comp. Ded \$1,000 <input checked="" type="checkbox"/> Coll. Ded \$1,000	CMN1979697	02/01/2008	02/01/2009	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	CMN1979697 "UMBRELLA FORM"	02/01/2008	02/01/2009	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	2700003048-071	12/01/2007	12/01/2008	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
OTHER Installation Floater Leased/Rented Equipment	CMN1979697	02/01/2008	02/01/2009	\$250,000 \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

Columbia County
 Building & Zoning Dept
 135 NE Hernando Ave
 Lake City, FL 32055

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
 Donald Poag/KATHY

Donald Poag

NOTICE OF COMMENCEMENT

County Clerk's Office Stamp or Seal

Tax Parcel Identification Number 02-45-17-07479-104

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

- 1. Description of property (legal description): Lot 4 Columbia County Ind. Park Phase I ORB 899-1909
a) Street (job) Address: 133 S.E. Newell Court Lake City FL 32055
- 2. General description of improvements: install generator
- 3. Owner Information
a) Name and address: David Schiller 12888 145th Rd Live Oak FL 32060
b) Name and address of fee simple titleholder (if other than owner) _____
c) Interest in property _____
- 4. Contractor Information
a) Name and address: Southern Atlantic Electric Co Inc 11618 Columbia Park Dr. E. Jax FL
b) Telephone No.: 904-268-3009 Fax No. (Opt.) _____ 32258
- 5. Surety Information
a) Name and address: N/A
b) Amount of Bond: _____
c) Telephone No.: _____ Fax No. (Opt.) _____
- 6. Lender
a) Name and address: N/A
b) Phone No. _____
- 7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served:
a) Name and address: _____
b) Telephone No.: _____ Fax No. (Opt.) _____
- 8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
a) Name and address: _____
b) Telephone No.: _____ Fax No. (Opt.) _____
- 9. Expiration date of Notice of Commencement (the expiration date is one year from the date of recording unless a different date is specified): _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

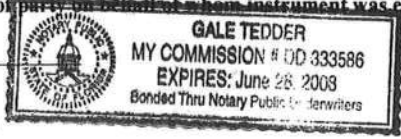
STATE OF FLORIDA
COUNTY OF COLUMBIA

David Schiller
Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
David Schiller
Print Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 20th day of May, 20 08, by:
David Schiller as N/A (type of authority, e.g. officer, trustee, attorney)
fact) for _____ (name of party or parties to whom instrument was executed).

Personally Known OR Produced Identification Type _____

Notary Signature Gale Tedder Notary Stamp or Seal:



---AND---
11. Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.
David Schiller
Signature of Natural Person Signing (in line #10 above).

GENERAL ENGINEERING & ARCHITECTURE P.A.

OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 02-4S-17-07479-104

Building permit No. 000027042

Use Classification GENERATOR

Fire: 0.00

Permit Holder SOUTHERN ATLANTIC ELECTRIC CO

Waste: _____

Owner of Building VERIZON WIRELESS/SCHILLER

Total: 0.00

Location: 133 SE NEWELL CT., LAKE CITY, FL

Date: 06/09/2008

Stacy Tucker

Building Inspector



POST IN A CONSPICUOUS PLACE
(Business Places Only)