

DATE 09/22/2010

Columbia County Building Permit

PERMIT
000028876

This Permit Must Be Prominently Posted on Premises During Construction

APPLICANT MARK HADDOX PHONE 386-755-2411
 ADDRESS PO BOX 1755 LAKE CITY FL 32056
 OWNER PATRICK AND FLORENTINA BRANNON PHONE 386-288-4909
 ADDRESS 353 SW MURDOCK CRT FORT WHITE FL 32038
 CONTRACTOR OWNER Mark Haddox PHONE _____
 LOCATION OF PROPERTY 441 S, R CR 18, L OLD NIBLACK RD, R HILLARD, L MURDOCK,
THEN 3RD ON LEFT
 TYPE DEVELOPMENT ADDITION TO SFD ESTIMATED COST OF CONSTRUCTION 5000.00
 HEATED FLOOR AREA 100.00 TOTAL AREA 100.00 HEIGHT 13.00 STORIES 1
 FOUNDATION CONCRETE WALLS FRAMED ROOF PITCH 6/12 FLOOR SLAB
 LAND USE & ZONING AG-3 MAX. HEIGHT 35
 Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
 NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 01-7S-16-04108-014 SUBDIVISION JOEL GLEN'S UNREC (S1/2)
 LOT 13 BLOCK _____ PHASE _____ UNIT 0 TOTAL ACRES 5.00

Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor _____
 EXISTING 10-0418-E BK TC N
 Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: NOC ON FILE, EXISTING HOME

Check # or Cash 1020

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 _____ Insulation _____
 date/app. by _____ date/app. by _____
 Rough-in plumbing above slab and below wood floor _____ Electrical rough-in _____
 date/app. by _____ date/app. by _____
 Heat & Air Duct _____ Peri. beam (Lintel) _____ Pool _____
 date/app. by _____ date/app. by _____ date/app. by _____
 Permanent power _____ C.O. Final _____ Culvert _____
 date/app. by _____ date/app. by _____ date/app. by _____
 Pump pole _____ Utility Pole _____ M/H tie downs, blocking, electricity and plumbing _____
 date/app. by _____ date/app. by _____ date/app. by _____
 Reconnection _____ RV _____ Re-roof _____
 date/app. by _____ date/app. by _____ date/app. by _____

BUILDING PERMIT FEE \$ 25.00 CERTIFICATION FEE \$ 0.50 SURCHARGE FEE \$ 0.50
 MISC. FEES \$ 0.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$ _____
 FLOOD DEVELOPMENT FEE \$ _____ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ _____ **TOTAL FEE** 101.00

INSPECTORS OFFICE La. Hodson CLERKS OFFICE CH

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 RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

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

Columbia County Building Permit Application

For Office Use Only Application # 1009-28 Date Received 9-15-10 By LH Permit # 28876
 Zoning Official BK ~~3/2/10~~ Date 2.07.10 Flood Zone X Land Use A-3 Zoning A-3
 FEMA Map # N/A Elevation N/A MFE N/A River N/A Plans Examiner J.C. Date 9-20-10
 Comments _____
 NOC EH Deed or PA Site Plan State Road Info Parent Parcel # _____
 Dev Permit # _____ In Floodway Letter of Auth. from Contractor F W Comp. letter
 IMPACT FEES: EMS _____ Fire _____ Corr _____ Road/Code _____
 School _____ = TOTAL N/A addition to existing dwelling

Septic Permit No. 10-0418-E Fax 386-755-8684
 Name Authorized Person Signing Permit Mark Haddex Phone 386-755-2411
 Address Po Box 1755 Lake City, FL 32056
 Owners Name Patrick Brannon Phone 386-288-4909
 911 Address 353 Murdock Ct Ft. White, FL 32038
 Contractors Name Woodman Park Builders Inc. Phone 386-755-2411
 Address Po Box 1755 Lake City, FL 32056
 Fee Simple Owner Name & Address _____
 Bonding Co. Name & Address _____
 Architect/Engineer Name & Address Mark Disosway
 Mortgage Lenders Name & Address UA

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

Property ID Number 01-25-16-04108-014 Estimated Cost of Construction 24,975.00
 Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____
 Driving Directions 41 South to Thustewages south to CR 18 (RT) to old W/black rd (left) to SW Murdock (left) to property
 Number of Existing Dwellings on Property 1

Construction of Front Room addition Total Acreage 5 Lot Size _____
 Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive Total Building Height 13'
 Actual Distance of Structure from Property Lines - Front 550' Side 190' Side 103' Rear 35'
 Number of Stories 1 Heated Floor Area 100 Total Floor Area 100 Roof Pitch 6-12

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.
 Spoke to MARK
 9/20/10

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.

TIME LIMITATIONS OF PERMITS: 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 work is commenced. A valid permit receives an approved inspection every 180 days. Work shall be considered not suspended, abandoned or invalid when the permit has received an approved inspection within 180 days of the previous approved inspection.

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 CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

NOTICE TO OWNER: There are some properties that may have deed restrictions recorded upon them. These restrictions may limit or prohibit the work applied for in your building permit. It may be to your advantage to check and see if your property is encumbered by any restrictions.

David Brewster

(Owners Must Sign All Applications Before Permit Issuance.)

Owners Signature

****OWNER BUILDERS MUST PERSONALLY APPEAR AND SIGN THE BUILDING PERMIT.**

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 including all application and permit time limitations.

Mary Ann

Contractor's Signature (Permitee)

Contractor's License Number CRC 1329442
Columbia County
Competency Card Number 585

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 15 day of September 2010.

Personally known or Produced Identification _____

Laurie Hodson
State of Florida Notary Signature (For the Contractor)

SEAL:



New Construction Subterranean Termite Service Record

OMB Approval No. 2502-0525
(exp. 02/29/2012)

This form is completed by the licensed Pest Control Company.

28876

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Section 24 CFR 200.926d(b)(3) requires that the sites for HUD insured structures must be free of termite hazards. This information collection requires the builder to certify that an authorized Pest Control company performed all required treatment for termites, and that the builder guarantees the treated area against infestation for one year. Builders, pest control companies, mortgage lenders, homebuyers, and HUD as a record of treatment for specific homes will use the information collected. The information is not considered confidential, therefore, no assurance of confidentiality is provided.

This report is submitted for informational purposes to the builder on proposed (new) construction cases when treatment for prevention of subterranean termite infestation is specified by the builder, architect, or required by the lender, architect, FHA, or VA.

All contracts for services are between the Pest Control Company and builder, unless stated otherwise.

Section 1: General Information (Pest Control Company Information)

Company Name Aspen Pest Control, Inc.
Company Address P.O. Box 1795 City Lake City State FL Zip 32056
Company Business License No. JB109476 Company Phone No. 386-755-3611
FHA/VA Case No. (if any) _____

Section 2: Builder Information

Company Name Woodman Park Bldg. Phone No. 755-2411

Section 3: Property Information

Location of Structure(s) Treated (Street Address or Legal Description, City, State and Zip) Patrick Brannon
353 SW Murdock Ct.
Ft. White, FL 32038

Section 4: Service Information

Date(s) of Service(s) 10/5/10
Type of Construction (More than one box may be checked) Slab Basement Crawl Other _____

Check all that apply:

- A. Soil Applied Liquid Termiticide
Brand Name of Termiticide: Termidor EPA Registration No. _____
Approx. Dilution (%): .06 Approx. Total Gallons Mix Applied: 12 Treatment completed on exterior: Yes No
- B. Wood Applied Liquid Termiticide
Brand Name of Termiticide: _____ EPA Registration No. _____
Approx. Dilution (%): _____ Approx. Total Gallons Mix Applied: _____
- C. Bait System Installed
Name of System _____ EPA Registration No. _____ Number of Stations Installed _____
- D. Physical Barrier System Installed
Name of System _____ Attach installation information (required) _____

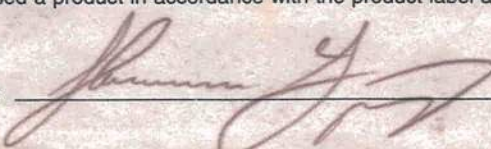
Service Agreement Available? Yes No
Note: Some state laws require service agreements to be issued. This form does not preempt state law.

Attachments (List) _____

Comments Treated addition on back of home

Name of Applicator(s) S. Gregory Certification No. (if required by State law) JF104376

The applicator has used a product in accordance with the product label and state requirements. All materials and methods used comply with state and federal regulations.

Authorized Signature  Date 10/5/10

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Form NPCA-99-B may still be used

form HUD-NPMA-99-B



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ON-SITE SEWAGE DISPOSAL SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 10-07100
DATE PAID: 9/1/10
FEE PAID: 135.00
RECEIPT #: 1402914

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Patrick Braunen

AGENT: Woodman Park Builders - Mark Holly TELEPHONE: 755-2411

MAILING ADDRESS: 355 SW Murdock ct Ft. White, FL 3458

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.

PROPERTY INFORMATION

LOT: S1/2 13 BLOCK: _____ SUBDIVISION: Joci Glenn's S/D PLATTED: UNREC.

PROPERTY ID #: 31-75-16-04108-014 ZONING: Res. I/M OR EQUIVALENT: Y N

PROPERTY SIZE: 5 ACRES WATER SUPPLY: PRIVATE PUBLIC <=2000GPD >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? Y N DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 355 SW Murdock ct, Ft white FL 3458

DIRECTIONS TO PROPERTY: 415 to Tustenugga (Rt) to CR 18 (Rt) to old Wilblack Rd (left) to SW Hillwood (Rt) to Murdock (left) to property on left

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 | Single Family | 2 | 1400 | existing |
| 2 | Bathroom addition | 0 | 100 SQ FT | ADDITION ORIGINAL ATTACHED |
| 3 | Total | 2 | 1500 | SQ FT total |
| 4 | | | | |

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: [Signature] DATE: 8-31-10

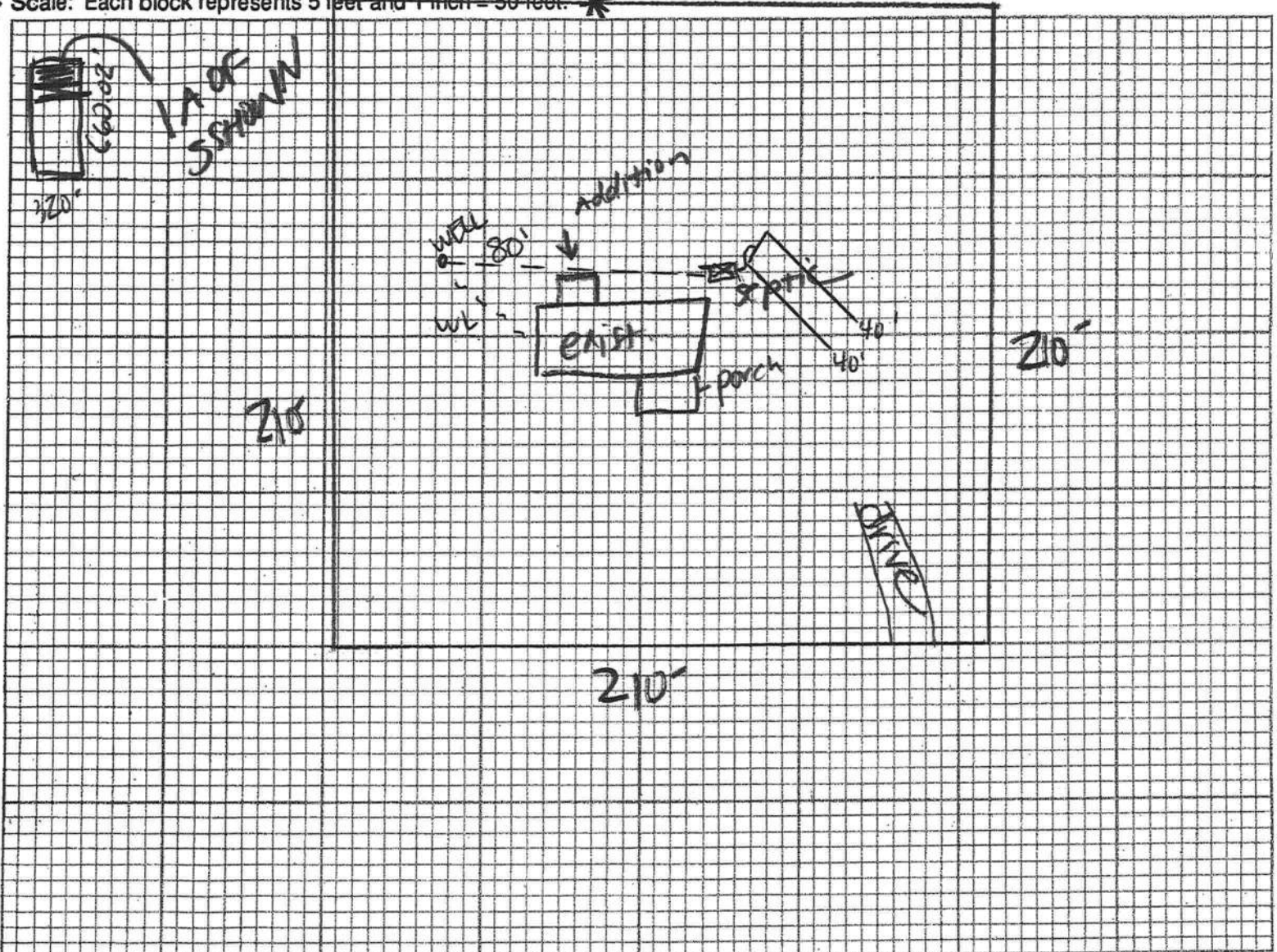


APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number B-048E

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes: no add. well within 100' feet

Site Plan submitted by: [Signature]
Signature

Plan Approved Not Approved

Title _____
Date 9/9/10

By [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

NOTICE OF COMMENCEMENT

County Clerk's Office Stamp or Seal

Tax Parcel Identification Number 01-75-16-04108-014

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):
a) Street (job) Address: 353 SW Murdoch Ct Ft White, FL
- 2. General description of improvements: Bathroom addition
- 3. Owner Information
a) Name and address: Patrick Brannon
b) Name and address of fee simple titleholder (if other than owner) 353 SW Murdoch Ct
c) Interest in property owner
- 4. Contractor Information
a) Name and address: Woodman Park Builders Lake City, FL
b) Telephone No.: 386 255-2411 Fax No. (Opt.) _____
- 5. Surety Information
a) Name and address: _____
b) Amount of Bond: _____
c) Telephone No.: _____ Fax No. (Opt.) _____
- 6. Lender
a) Name and address: _____
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.

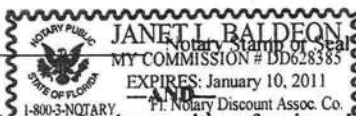
STATE OF FLORIDA
COUNTY OF COLUMBIA

10. Patrick Brannon
Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
PATRICK J. BRANNON
Print Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 15th day of SEPTEMBER, 2010, by:
Patrick J. Brannon as _____ (type of authority, e.g. officer, trustee, attorney
fact) for _____ (name of party on behalf of whom instrument was executed).

Personally Known _____ OR Produced Identification Type VAID CARD

Notary Signature Janeth Baldeon



11. Verification pursuant to Section 92.525, Florida Statutes, under penalty 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.

Signature of Natural Person Signing (in line #10 above.)

This Instrument Prepared by & return to:
Name: **KIM WATSON, an employee of
TITLE OFFICES, LLC**
Address: **1089 SW MAIN BLVD.
LAKE CITY, FLORIDA 32025
File No. 06Y-07008KW**

Parcel I.D. #: **04108-014**

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

THIS WARRANTY DEED Made the 27th day of July, A.D. 2006, by **THERESA M. DEETZ**,
single, hereinafter called the grantor, to **PATRICK J. BRANNON and FLORENTINA C.
BRANNON, HIS WIFE**, whose post office address is 353 SW Murdock Ct., FORT WHITE, FL 32028
hereinafter called the grantees:

(Wherever used herein the terms "grantor" and "grantees" include all the parties to this instrument, singular and plural, the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth: That the grantor, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, does hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the grantees all that certain land situate in **Columbia County, State of Florida**, viz:

TOWNSHIP 7 SOUTH, RANGE 16 EAST

SECTION 1: A PART OF THE SW ¼ OF NE ¼ OF SAID SECTION, MORE PARTICULARLY DESCRIBED AS FOLLOWS: COMMENCE AT THE NE CORNER OF SAID SW ¼ OF NE ¼ AND RUN S 0°59'55" W ALONG THE EAST LINE THEREOF, 990.97 FEET FOR A POINT OF BEGINNING. THENCE CONTINUE S 0°59'55" W, 330.33 FEET; THENCE N 89°22'42" W, 660.02 FEET TO THE EAST R/W LINE OF A 60 FOOT ROAD; THENCE N 0°59'55" E ALONG SAID R/W LINE, 330.33 FEET; THENCE S 89°22'42" E, 660.02 FEET TO THE POINT OF BEGINNING.

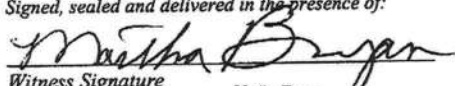
Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold the same in fee simple forever.

And the grantor hereby covenants with said grantees that she is lawfully seized of said land in fee simple; that she has good right and lawful authority to sell and convey said land, and hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever, and that said land is free of all encumbrances, except taxes accruing subsequent to December 31, 2006.

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:



Witness Signature **Martha Bryan**

Printed Name



Witness Signature

Printed Name **SANDY BRANNON**

 L.S.
THERESA M. DEETZ
Address:
**8301 N. 64TH STREET, PINELLAS PARK,
FLORIDA 33781**

Inst:2006018170 Date:08/01/2006 Time:15:22

Doc Stamp Deed : 1085.00

J.F. DC, P. Dewitt Cason, Columbia County B:1091 P:1035

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 27th day of July, 2006, by THERESA M. DEETZ, who is known to me or who has produced Drivers License as identification.

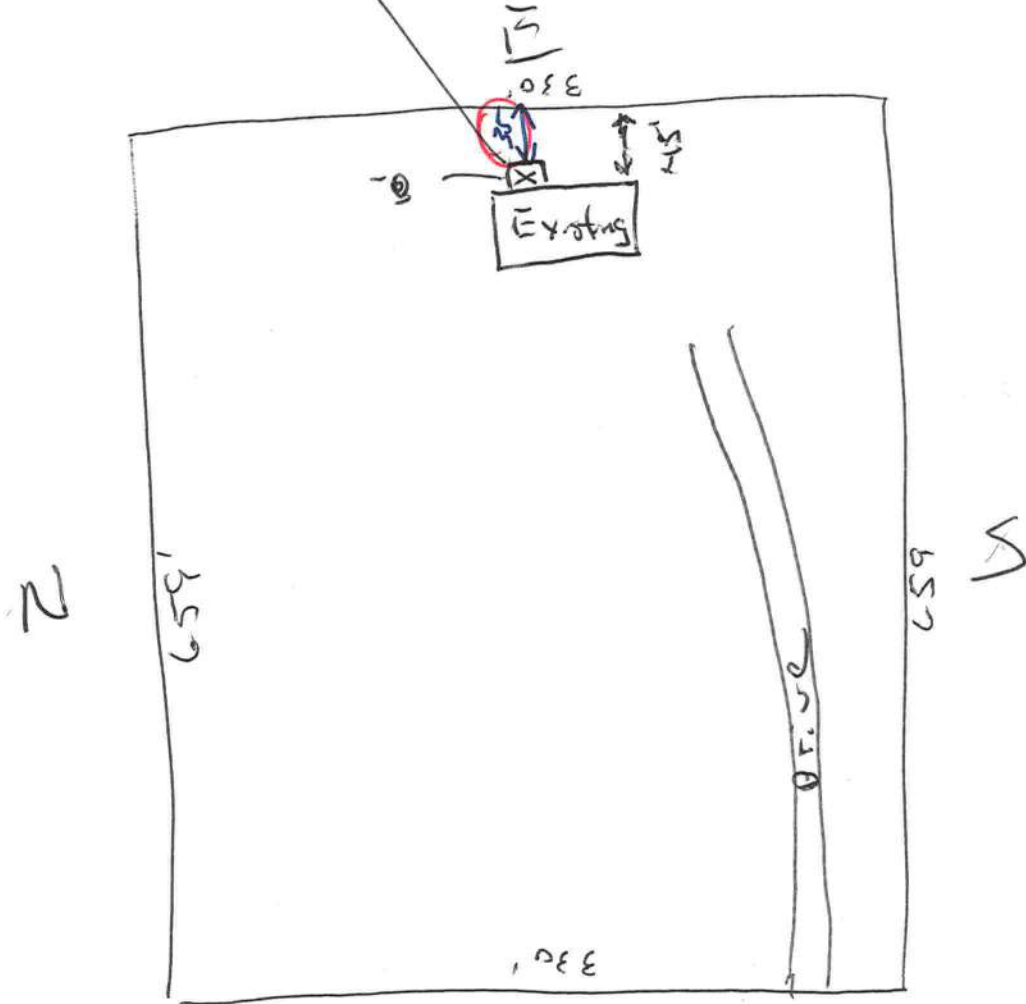


Martha Bryan
Commission # DD232534
Expires August 10, 2007
Bonded Tray Palm - Insurance, Inc. 800-385-7010

Martha Bryan
Notary Public
My commission expires _____

Inst:2006018170 Date:08/01/2006 Time:15:22
Doc Stamp-Deed : 1085.00
DC,P.Dewitt Cason,Columbia County B:1091 P:1036

Added
10' x 10' Room



353
SW Murdock

W

See Survey
Enclosed

PRODUCT APPROVAL SPECIFICATION SHEET

Location: _____

Project Name: _____

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and the product approval number(s) on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit on or after April 1, 2004. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. More information about statewide product approval can be obtained at www.floridabuilding.org

| Category/Subcategory | Manufacturer | Product Description | Approval Number(s) |
|----------------------------|--------------------|---------------------|--------------------|
| A. EXTERIOR DOORS | | | |
| 1. Swinging | pl. and G. (S) | Stalcraft Doors | FL 4242-R1 |
| 2. Sliding | M450aity | Exterior Doors | FL 4334-R4 |
| 3. Sectional | ME Home Prod. | Sliding Glass Doors | FL 11956-R1 |
| 4. Roll up | | | |
| 5. Automatic | | | |
| 6. Other | | | |
| B. WINDOWS | | | |
| 1. Single hung | Attrium | Insulated windows | FL 6752.2 |
| 2. Horizontal Slider | Attrium | " " | FL 7836-1 |
| 3. Casement | Attrium | " " | FL 8716 |
| 4. Double Hung | | | |
| 5. Fixed | Attrium | " " | FL 7834-1 |
| 6. Awning | | | |
| 7. Pass-through | | | |
| 8. Projected | | | |
| 9. Mullion | | | |
| 10. Wind Breaker | | | |
| 11. Dual Action | | | |
| 12. Other | | | |
| C. PANEL WALL | | | |
| 1. Siding | Certainteed | | FL 12483 |
| 2. Soffits | Certainteed | | FL 13389 |
| 3. EIFS | | | |
| 4. Storefronts | | | |
| 5. Curtain walls | | | |
| 6. Wall louver | | | |
| 7. Glass block | Pittsburgh Corning | Glass Block | FL 1363-R4 |
| 8. Membrane | | | |
| 9. Greenhouse | | | |
| 10. Other | | | |
| D. ROOFING PRODUCTS | | | |
| 1. Asphalt Shingles | UMM | 285 mod roof | FL 6895-R1 |
| 2. Underlayments | Certainteed | Arch. Shingles | FL 5444-R2 |
| 3. Roofing Fasteners | Woodland | | |
| 4. Non-structural Metal Rf | | | |
| 5. Built-Up Roofing | | | |
| 6. Modified Bitumen | Certainteed | Torch | FL 2533-R3 |
| 7. Single Ply Roofing Sys | | | |
| 8. Roofing Tiles | | | |
| 9. Roofing Insulation | | | |
| 10. Waterproofing | | | |
| 11. Wood shingles /shakes | | | |
| 12. Roofing Slate | | | |

Fax 755-8684

SUBCONTRACTOR VERIFICATION FORM

28876

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 OK | Print Name <u>DDS Lighting Inc</u> License #: <u>EC13003800</u> | Signature <u>Dennis Conkern</u> Phone #: <u>386 788 5255</u> |
| MECHANICAL/A/C | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| PLUMBING/GAS OK 2/18 | Print Name <u>HomeTown Plumbing</u> License #: <u>RF11067418</u> | Signature <u>Dan C. Bills Sr</u> Phone #: <u>386-754-6140</u> |
| ROOFING | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| SHEET METAL | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| FIRE SYSTEM/SPRINKLER | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| SOLAR | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |

| Specialty License | License Number | Sub-Contractors Printed Name | Sub-Contractors Signature |
|--------------------|----------------|------------------------------|---------------------------|
| MASON | | | |
| CONCRETE FINISHER | | | |
| FRAMING | | | |
| INSULATION | | | |
| STUCCO | | | |
| DRYWALL | | | |
| PLASTER | | | |
| CABINET INSTALLER | | | |
| PAINTING | | | |
| ACOUSTICAL CEILING | | | |
| GLASS | | | |
| CERAMIC TILE | | | |
| FLOOR COVERING | | | |
| ALUM/VINYL SIDING | | | |
| GARAGE DOOR | | | |
| METAL BLDG ERECTOR | | | |

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 OFFICE CALVIN

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 01-7S-16-04108-014

Building permit No. 000028876

Use Classification ADDITION TO SFD

Fire: 0.00

Permit Holder MARK HADDOX

Waste:

Owner of Building PATRICK AND FLORENTINA BRANNON

Total: 0.00

Location: 353 SW MURDOCK CRT, FT WHITE, FL 32038

Date: 11/17/2010

Stacy Dickel

Building Inspector



POST IN A CONSPICUOUS PLACE
(Business Places Only)