

DATE 08/31/2010

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000028827

APPLICANT PAUL BARCIA PHONE 497-4770
 ADDRESS 498 SW MANATEE TERR FORT WHITE FL 32038
 OWNER PAUL BARCIA PHONE 497-1720
 ADDRESS 2980 SW WILSON SPRINGS RD FORT WHITE FL 32038
 CONTRACTOR OWNER BUILDER PHONE 497-4770
 LOCATION OF PROPERTY 47 S, R WILSON SPRINGS RD, TO STOP SIGN ON LEFT (POPE'S)

TYPE DEVELOPMENT COMM REMODEL ESTIMATED COST OF CONSTRUCTION 15000.00
 HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT _____ STORIES 1
 FOUNDATION _____ WALLS _____ ROOF PITCH 3/12 FLOOR _____
 LAND USE & ZONING CN MAX. HEIGHT 35
 Minimum Set Back Requirments: STREET-FRONT _____ REAR _____ SIDE _____
 NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 06-7S-16-04143-001 SUBDIVISION SANTA FE WOODS
 LOT 4 BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES _____

Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor _____
 EXISTING X10-302 BK HD N
 Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: NOC ON FILE, EXISTING STORE, NOT ADDING ANY SQUAR FOOTAGE

Check # or Cash 2989

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 \$ 75.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
 MISC. FEES \$ 0.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$ _____
 FLOOD DEVELOPMENT FEE \$ _____ FLOOD ZONE FEE \$ _____ CULVERT FEE \$ _____ **TOTAL FEE** 125.00
 INSPECTORS OFFICE La. Hobbs 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.

Certified to be a true and correct copy of the original

Beth Godwin

[Space Above This Line for Recording Data]

Parcel I.D. No.:

WARRANTY DEED

This Indenture made this 31st day of August, 2010 between MICHELE J. JOHNSEN, A SINGLE WOMAN, GRANTOR*, whose post office address is 2980 S.W. WILSON SPRINGS ROAD, FT. WHITE, FL. 32038, and 3 RIVERS STORE, LLC., A FLORIDA LIMITED LIABILITY CO., GRANTEE*, whose post office address is 498 S.W. MANATEE TERRACE, FT. WHITE, FL. 32038.

WITNESSETH, That said Grantor, for and in consideration of the sum of TEN AND 00/100'S (\$10.00) Dollars and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the grantee and grantee's heirs forever the following described land located in the County of ~~ALACHUA~~ ^{Colombia}, State of Florida, to-wit:

SEE ATTACHED EXHIBIT "A"

SUBJECT TO covenants, restrictions and easements, if any.

and said grantor does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

*Singular and plural are interchangeable as context requires.

IN WITNESS WHEREOF, Grantor has hereunto set grantor's hand and seal this day and year first above written.

WITNESSES

Beth Godwin
Typed Name: Beth Godwin

Michele J. Johnson
MICHELE J. JOHNSEN

Crystal L. Curran
Typed Name: Crystal Curran

**COUNTY OF
STATE OF FLORIDA**

THE FOREGOING INSTRUMENT was acknowledged before me on 31st day of August, 2010, by MICHELE J. JOHNSEN, A SINGLE WOMAN who is/are personally known to me or has produced its Driver's License as identification.

[Seal]



BETH GODWIN
Commission DD 634551
Expires March 10, 2011
Bonded Thru Troy Fair Insurance 900-885-7019

Beth Godwin
NOTARY PUBLIC, STATE OF FL. AT LARGE
Name:
COMMISSION EXPIRATION:

THIS INSTRUMENT WAS PREPARED BY: Inger McRae, an employee of U.S. TITLE, 2622-A1 NW 43rd Street, Gainesville, FL 32606, as a necessary incident to fulfill the requirements of a Title Insurance Binder issued by it. UG13895A.

EXHIBIT "A"

Section 6, Township 7 South, Range 16 East: Beginning at the Northwest corner of Section 6; run East along said Section line, 420 feet to a point; then South and at right angles to said Section line, 210 feet to a point; then West and parallel to North Section line, 420 feet to West line of said Section; then North along said West Section line, 210 feet to Place of Beginning, in Columbia County, Florida.

UG-13895

Columbia County Building Permit Application

For Office Use Only Application # 1008-90A Date Received 8/25 By JW Permit # 28827
 Zoning Official BLK Date 27.08.10 Flood Zone X Land Use A-3 Zoning CN
 FEMA Map # N/A Elevation N/A MFE N/A River N/A Plans Examiner NO Date 8-26-10

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 suspended N/A

Septic Permit No. X-10-302 in Box Fax (386) 497-1263
 Name Authorized Person Signing Permit Paul P BACCIA Phone (386) 497-4770
 Address 498 SW MANATEE TER. Ft. White Fla. 32038
 Owners Name Paul Baccia Phone 497-1720
 911 Address 2980 SW Wilson Springs Rd
 Contractors Name OWNER BUILDER Phone _____
 Address 498 SW MANATEE TER Ft White Fla. 32038
 Fee Simple Owner Name & Address Michael Johnson 2980 SW Wilson Springs Rd
 Bonding Co. Name & Address N/A
 Architect/Engineer Name & Address N/A
 Mortgage Lenders Name & Address N/A

Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progress Energy
 Property ID Number 06-75-16-04143-001 Estimated Cost of Construction \$15,000
 Subdivision Name SANTA FE WOODS Lot 4 Block _____ Unit _____ Phase _____
 Driving Directions from Ft white go SW on Wilson Springs Rd
store on Lt @ stop sign

Number of Existing Dwellings on Property 1
 Construction of commercial INTEGRAL REMODEL Total Acreage _____ Lot Size _____
 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 100 Side 60 Side 60 Rear 300
 Number of Stories 1 Heated Floor Area 1584 Interior Remodel Total Floor Area 2119 Roof Pitch 3:12

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.

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.

(Owners Must Sign All Applications Before Permit Issuance.)

Michelle Johnson
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.

Paul Johnson
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 24 day of August 2010.

Personally known _____ or Produced Identification FL DL
Marsha B Ward

SEAL:

State of Florida Notary Signature (For the Contractor)



Inst: 201012014019 Date: 8/31/2010 Time: 1:42 PM
DC, P. DeWitt Cason, Columbia County Page 1 of 1 B. 1200 P: 1395

NOTICE OF COMMENCEMENT

County Clerk's Office Stamp or Seal

Tax Parcel Identification Number 06-73-16-04143-001

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: 2980 SW Wilson Springs Rd, Ft White, Fla
2. General description of improvements: Road Repair, Sheet Rock, Wiring & Plumbing
3. Owner Information
a) Name and address: _____
b) Name and address of fee simple titleholder (if other than owner) Michelle Johnson
c) Interest in property Owner
4. Contractor Information
a) Name and address: _____
b) Telephone No.: _____ Fax No. (Opt.) _____
5. Surety Information
a) Name and address: NA
b) Amount of Bond: _____
c) Telephone No.: _____ Fax No. (Opt.) _____
6. Lender
a) Name and address: NA
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: Paul Barcia
b) Telephone No.: (306) 497-4720 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: N/A
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. Paul P. Barcia
Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager
Paul P. Barcia
Print Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 31 day of August, 20 10, by:
Paul Barcia as Owner (type of authority, e.g. officer, trustee, attorney
fact) for Paul Barcia (name of party on behalf of whom instrument was executed).

Personally Known _____ OR Produced Identification Type FLDL

Notary Signature L. H. Hoodson 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.



COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave., Suite B-21

Lake City, FL 32055

Office: 386-758-1008 Fax: 386-758-2160

OWNER BUILDER DISCLOSURE STATEMENT

I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.

I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility.

I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed and bonded in Florida and to list his or her license numbers on permits and contracts.

I understand that I may build or improve a one-family or two-family residence or farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption.

I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.

I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or municipal ordinance.

I understand that it is frequent practice of unlicensed persons to have the property owner obtain an owner-builder permit that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property.

I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk.

I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at 850-487-1395 or Internet website address <http://www.myflorida.com/dbpr/pro/cilb/index.html> for more information about licensed contractors.

I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address:

2980 SW Wilson Springs Rd Ft White FLA

I agree to notify Columbia County Building Department immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure. Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with any financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.

I understand that if I hire subcontractors they must be licensed for that type of work in Columbia County, ex: framing, stucco, masonry, and state registered builders. Registered Contractors must have a minimum of \$300,000.00 in General Liability insurance coverage and the proper workers' compensation. Specialty Contractors must have a minimum of \$100,000.00 in General Liability insurance coverage and the proper workers' compensation coverage.

28827

(352) 472-7367

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1008-40 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 583 ✓	Print Name <u>Customer Eric Kurt</u> License #: <u>EP, 000 23 84 Swindel</u>	Signature <u>Kurt Swindel</u> Phone #: <u>(352) 745-6803</u>
MECHANICAL/A/C	Print Name _____ License #: _____	Signature _____ Phone #: _____
PLUMBING/GAS	Print Name _____ License #: _____	Signature _____ Phone #: _____
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 #: _____

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.

SUBCONTRACTOR VERIFICATION FORM

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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 _____ License #: _____	Signature _____ Phone #: _____
MECHANICAL/ A/C B 141	Print Name <u>Touchstone Heating & Air</u> License #: <u>CAC058099</u>	Signature <u>on other r7</u> Phone #: <u>(386) 496-3467</u>
PLUMBING/ GAS 298	Print Name <u>Home Town Plumbing</u> License #: <u>RF11067418</u>	Signature <u>Don Bills</u> Phone #: <u>(386) 466-5206</u>
ROOFING 988	Print Name <u>Wilber Rogers LLC</u> License #: <u>CCC 1329496</u>	Signature <u>Will W Ray</u> Phone #: <u>(386) 266-0819</u>
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.

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1008 40 CONTRACTOR _____ PHONE _____

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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 _____ License #: _____	Signature _____ Phone #: _____
MECHANICAL/ HVAC <u>747</u> ✓	Print Name <u>Touchstone Heating & Air</u> License #: <u>CAC058099</u>	Signature <u>[Signature]</u> Phone #: <u>(386) 496-3467</u>
PLUMBING/ GAS	Print Name <u>Home Town Plumbing</u> License #: _____	Signature _____ Phone #: <u>(386) 466-5206</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.

Contractor Form: Subcontractor form, 6/09

Notice of Treatment

Applicator: Florida Pest Control & Chemical Co. (www.flapest.com)

Address: 536 SE Bayo Dr
City: Lake City **Phone:** 452-1703

Site Location: Subdivision

Lot #: _____ **Block #:** _____ **Permit #:** 288229

Address: 2980 SW Wilson Springs Rd Ft. White

Product used

- | <input checked="" type="checkbox"/> Premise | Active Ingredient | % Concentration |
|---|----------------------------------|-----------------|
| <input type="checkbox"/> Terimidol | Imidacloprid | 0.1% |
| <input type="checkbox"/> Bora-Care | Fipronil | 0.12% |
| | Disodium Octaborate Tetrahydrate | 23.0% |

Type treatment:

- Soil Wood

Area Treated	Square feet	Linear feet	Gallons Applied
Application	363	88	25
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

As per Florida Building Code 104.2.6 – If soil chemical barrier method for termite prevention is used, final exterior treatment shall be completed prior to final building approval.

If this notice is for the final exterior treatment, initial this line _____

Date 5/7/10

Time 10:01

Print Technician's Name NST

Remarks: _____

① Roof Leaks 6,000

② Ceiling Repair 5,000
" Shastrock (new) 2,000

③ Sink Back wall 300
~~4,000~~

④ Wiring Repair of New Lights 1,500

⑤