

DATE 03/01/2007

Columbia County Building Permit

PERMIT
000025585

This Permit Expires One Year From the Date of Issue

APPLICANT ADAM PAGE PHONE 752-7578
 ADDRESS P.O. BOX 2166 LAKE CITY FL 32056
 OWNER JOHN & SANDRA FURCHES PHONE _____
 ADDRESS 198 SW CONFEDERATE GLEN LAKE CITY FL 32025
 CONTRACTOR O'NEAL ROOFING PHONE 752-7578
 LOCATION OF PROPERTY 90W, TL ON SISTERS WELCOME RD, TL NORTH ENTRANCE AT CANNON CREEK AIR, 2ND RD TR, TL ON CONFEDERATE, ONLY HOUSE ON RT

TYPE DEVELOPMENT RE-ROOF ON SFD ESTIMATED COST OF CONSTRUCTION 35000.00
 HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT _____ STORIES _____
 FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____
 LAND USE & ZONING RSF-2 MAX. HEIGHT _____
 Minimum Set Back Requirments: STREET-FRONT 25.00 REAR 15.00 SIDE 10.00
 NO. EX.D.U. 0 FLOOD ZONE NA DEVELOPMENT PERMIT NO. _____

PARCEL ID 12-4S-16-02935-111 SUBDIVISION CANNON CREEK ESTATES
 LOT 10/12 BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES _____

_____ CCC016346 _____
 Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor _____
 EXISTING X07-105 BK JH N
 Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: NOC ON FILE

Check # or Cash 16663

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 _____
 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 \$ 175.00 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** 175.00

INSPECTORS OFFICE _____ CLERKS OFFICE _____

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."

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVENIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

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

Columbia County Building Permit Application

Revised 9-23-04

For Office Use Only Application # 0108-07 Date Received 3/1/07 By G Permit # 25585
Application Approved by - Zoning Official Date Plans Examiner Date
Flood Zone Development Permit Zoning Land Use Plan Map Category
Comments

Applicants Name ADAM PAGE Phone 752-7578
Address PO BOX 2166 - LAKE CITY, FL 32056
Owners Name JOHN & SANDRA FURCHES Phone
911 Address 198 SW CONFEDERATE GLN - LAKE CITY, FL 32025
Contractors Name ONEAL ROOFING CO. Phone 752-7578
Address PO BOX 2166 - LAKE CITY, FL 32056
Fee Simple Owner Name & Address
Bonding Co. Name & Address
Architect/Engineer Name & Address
Mortgage Lenders Name & Address

Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progressive Energy
Property ID Number 12-45-16-02935-111 Estimated Cost of Construction \$ 35,000
Subdivision Name CANNON CREEK ESTATES Lot 10-12 Block Unit Phase
Driving Directions GO SOUTH ON SISTER WELCOME RD - FOLLOW TO CANNON CREEK AIR RANCH - LOCKHEED AVE INTO NORTH ENTRANCE - GO TO 2ND ROAD ON RIGHT (ADAMS GLEN) FOLLOW TO CONFEDERATE GLEN - T-10 ONLY HOUSE ON RIGHT.
Type of Construction RB-ROOF SFD Number of Existing Dwellings on Property
Total Acreage Lot Size Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive
Actual Distance of Structure from Property Lines - Front Side Side Rear
Total Building Height Number of Stories 1 Heated Floor Area 2169 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.

OWNERS AFFIDAVIT: 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.

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

Owner Builder or Agent (Including Contractor)

Contractor Signature
Contractors License Number 1CC016346
Competency Card Number
NOTARY STAMP/SEAL

STATE OF FLORIDA
COUNTY OF COLUMBIA
Sworn to (or affirmed) and subscribed before me
this 1st day of March 2007.
Personally known or Produced Identification

Cindy Edge
Notary Signature
Cindy Edge
Commission # DD308375
Expires July 20, 2008
Notarized Troy Fair - Insurance, Inc. 800-385-7019

Columbia County Property Appraiser

DB Last Updated: 2/5/2007

2007 Proposed Values

Parcel: 12-4S-16-02935-111 HX

- [Tax Record](#)
[Property Card](#)
[Interactive GIS Map](#)
[Print](#)

Owner & Property Info

Search Result: 1 of 1

Owner's Name	FURCHES JOHN W & SANDRA B		
Site Address	CONFEDERATE		
Mailing Address	198 SW CONFEDERATE GLN LAKE CITY, FL 32025		
Use Desc. (code)	SINGLE FAM (000100)		
Neighborhood	12416.02	Tax District	2
UD Codes	MKTA06	Market Area	06
Total Land Area	16.410 ACRES		
Description	LOTS 10, 11 & 12 CANNON CREEK ESTATES S/D. ORB 729-255, 736-470, 783-1546		

GIS Aerial



Property & Assessment Values

Mkt Land Value	cnt: (1)	\$246,150.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (1)	\$122,178.00
XFOB Value	cnt: (3)	\$6,720.00
Total Appraised Value		\$375,048.00

Just Value	\$375,048.00
Class Value	\$0.00
Assessed Value	\$178,070.00
Exempt Value	(code: HX) \$25,000.00
Total Taxable Value	\$153,070.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale Vimp	Sale Qual	Sale RCode	Sale Price
NONE						

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1987	Common BRK (19)	2169	3115	\$122,178.00
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	0	\$4,000.00	1.000	0 x 0 x 0	(.00)
0180	FPLC 1STRY	0	\$2,300.00	1.000	0 x 0 x 0	(.00)
0258	PATIO	1993	\$420.00	168.000	12 x 14 x 0	(.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000100	SFR (MKT)	16.410 AC	1.00/1.00/.75/1.00	\$15,000.00	\$246,150.00

Columbia County Property Appraiser

DB Last Updated: 2/5/2007

>> Print as PDF <<

LOTS 10, 11 & 12 CANNON CREEK FURCHES JOHN W & SANDRA B 12-4S-16-02935-111 Columbia County 2007 R
 ESTATES S/D. ORB 729-255, 198 SW CONFEDERATE GLN CARD 001 of 001
 736-470, 783-1546 LAKE CITY, FL 32025 PRINTED 2/01/2007 9:49 BY JEFF
 APPR 11/06/2003 DF

BUSE 000100 SINGLE FAM	AE? Y	2169 HTD AREA	115.718 INDEX	12416.02 CAN CR EST	PUSE 000100 SINGLE FAMILY
MOD 1 SFR BATH	2.50	2607 EFF AREA	57.859 E-RATE	100,000 INDX STR 12- 4S- 16	
EXW 19 COMMON BRK FIXT		150838 RCN		1987 AYB MKT AREA 06	122,178 BLDG
% 0000000000 BDRM	3	81.00 %GOOD	122,178 B BLDG VAL	1987 EYB (PUD1	6,720 XFOB
RSTR 03 GABLE/HIP RMS				AC 16.410	246,150 LAND
RCVR 03 COMP SHNGL UNTS		%FIELD CK:		NTCD	0 AG
% N/A C-W%		%LOC: 198 CONFEDERATE GLN SW		APPR CD	0 MKAG
INTW 05 DRYWALL HGHT				CNDO	375,048 JUST
% N/A PMTR		+-----30-----+		SUBD	0 CLAS
FLOR 14 CARPET STYS	1.5	% 1FGR1993 I		BLK	
10% 08 SHT VINYL ECON		% 4 2		LOT	0 SOHD
HTTP 04 AIR DUCTED FUNC		% +--12+-+8+ 3		MAP#	0 ASSD
A/C 03 CENTRAL SPCD		% IBAS1993 I I		IFUS1993 I	0 EXPT
QUAL 03 AVERAGE DEPR 52		% 2 2 +-8+---14++		2 2 2	0 COTXBL
FNDN N/A N/A		% 3 3 1		2 2 2	
SIZE 03 RECTANGLE N/A		% I I 4		I I I	
CEIL N/A N/A		% +--12++ +--13++		+-----26-----+	
ARCH N/A N/A		% IBAS1993 I			
FRME 01 NONE N/A		% I I			
KTCH N/A N/A		% 2 2			
WINDO N/A N/A		% 5 5			
CLAS N/A N/A		% I I			
OCC N/A N/A		% +-----41-----+			
COND N/A N/A		% IFOP1993 I			
SUB A-AREA % E-AREA SUB VALUE		% +-----41-----+			
BAS93 1597 100 1597 74844					
FGR93 618 55 340 15934					
FOP93 328 30 98 4593					
FUS93 572 100 572 26807					

TOTAL 3115 2607 122178					
-----EXTRA FEATURES-----					
AE BN CODE	DESC	LEN	WID	HGHT	QTY QL YR ADJ
Y 1 0180	FPLC ISTRY				1 0000 1.00
Y 0166	CONC,PAVMT				1 0000 1.00
Y 0258	PATIO	12	14		1 1993 1.00

-----LAND-----					
AE CODE	DESC	ZONE	ROAD	{UD1 {UD3 FRONT DEPTH	FIELD CK:
Y 000100	SFR	RSF-1	0002	{UD2 {UD4 BACK DT	ADJUSTMENTS
		0002	0003		1.00 1.00 .75 1.00
					16.410 AC 20000.000 15000.00

L001 - LOTS 10, 11 & 12, 16.41 AC TOTAL PARTLY WET
 2007



P.O. BOX 2166
LAKE CITY, FLORIDA 32056

(386) 752-7578
FAX (386) 755-0240

SANDY FURCHES

TO: 198 SW CONFEDERATE GLENN
LAKE CITY FL 32025

PHONE 752-7128	DATE 1/27/2007
JOB NAME / LOCATION	
JOB NUMBER	JOB PHONE

We hereby submit specifications and estimates for:

- . PREPARE ROOF FOR UNDERLAYMENT INSTALLATION AND PROPERLY DISPOSE OF ALL DEBRIS.
- . INSTALL TAPERED EDGE AT EAVE ROLL.
- . INSTALL CUSTOM METAL FLAT VALLEY FLASHING AT SOUTH DORMER.
- . INSTALL NEW TITANIUM UNDERLAYMENT, NEW ROOF EDGE, NEW WALL FLASHING, NEW VALLEY METAL, NEW EDGE VENT, NEW RIDGE CAP, AND NEW STANDING SEAM METAL ROOFING SYSTEM WITH KYNAR PAINT FINISH.
- . INSTALL ~~3-PLY MODIFIED BITUMEN ROOF SYSTEM~~ AT LOW SLOPE AREA.
metal per telephone discussion

OTES:

- . PREP WORK WILL INCLUDE THE REMOVAL OF ALL HIP CAP, ROOF EDGE, AND PIPE FLASHINGS.
- . WORK AROUND DORMERS WILL REQUIRE THE REMOVAL OF VINYL SIDING.
- . ANY BAD WOOD REPLACED SHALL BE CHARGED COST OF MATERIAL AND LABOR EXTRA.
- . ROOF SHALL BE GUARANTEED WATERTIGHT AND DEFECT FREE FOR A PERIOD OF FIVE (5) YEARS FROM THE DATE OF COMPLETION.
- . IF ACCEPTED, PLEASE SIGN AND RETURN COPY.

Color - aged bronze

We Propose hereby to furnish material and labor — complete in accordance with the above specifications, for the sum of:
Thirty Five Thousand Five Hundred Fifty Five and 00/100 Dollars dollars (\$) 35,555.00).

Payment to be made as follows:
100% UPON COMPLETION

GREG O'NEAL

All material is guaranteed to be as specified. All work to be completed in a professional manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance. Our workers are fully covered by Worker's Compensation insurance.

Authorized Signature _____

Note: This proposal may be withdrawn by us if not accepted within _____ days.

Signature _____

Signature _____

Acceptance of Proposal — The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Date of Acceptance: _____

