

Columbia County Addition Permit Application

For Office Use Only Application # 64374 Date Received _____ By _____ Permit # _____
 Zoning Official _____ Date _____ Flood Zone _____ Land Use _____ Zoning _____
 FEMA Map # _____ Elevation _____ MFE _____ River _____ Plans Examiner _____ Date _____
 Comments _____
 NOC Deed or PA Dev Permit # _____ In Floodway Letter of Auth. from Contractor
 F W Comp. letter Owner Builder Disclosure Statement Land Owner Affidavit Ellisville Water
 Site Plan Env. Health Approval _____ Sub VF Form _____

***This page not required if Online Submission.**

Applicant (person authorized to submit forms) Matthew Carthan Fax _____ Phone 904-219-7417
 Address 2115 SE State Road 100, Lake City
 Owners Name Bethlehem Baptist Church Phone _____
 911 Address 2115 SE State Road 100, Lake City
 Contractors Name Matthew Carthan Phone 904-219-7417
 Address 22262 NW 53rd Ave Landay, FL 32058
 Applicants Email carthancontracting08@yahoo.com ***Updates will be sent here.

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. - Duke Energy
 Property ID Number 02-45-17-07483-001 Estimated Construction Cost \$130,000
 Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____
 Construction of Roof Structure Commercial OR _____ Residential
 Type of Structure (House; Mobile Home; Garage; Exxon) _____
 Use/Occupancy of the building now Church Sanctuary Is this changing NO
 If Yes, Explain, Proposed Use/Occupancy _____
 Is the building Fire Sprinkled? NO If Yes, blueprints included _____ Or Explain _____
 Entrance Changes (Ingress/Egress) NO If Yes, Explain _____
 Actual Distance of Addition from Property Lines - Front _____ Side _____ Side _____ Rear _____
 Heated Floor Area 5416 Total Floor Area 5874
 Zoning Applications applied for (Site & Development Plan, Special Exception, etc.) N/A

Columbia County Building Permit Application - "Owner and Contractor Signature Page"

CODES: 2023 Florida Building Code 8th Edition and the 2020 National Electrical Code.

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.

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 pursued in good faith or a permit has been issued.

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 CONTRACTOR AND AGENT: 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. You must verify if your property is encumbered by any restrictions or face possible litigation and or fines.

ROBERT RICHTER
Printed Owners Name

Robert Richter
Owners Signature

****Property owners must sign here before any permit will be issued.**

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.

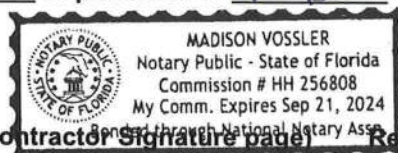
[Signature]
Contractor's Signature

Contractor's License Number CCLD250603
Columbia County
Competency Card Number 003121

Affirmed and subscribed before me the Contractor by means of physical presence or online notarization, this 21 day of February 2024, who was personally known _____ or produced ID FLDL

Madison Vossler
State of Florida Notary Signature (For the Contractor)

SEAL:



SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME _____

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Columbia County issues combination permits. 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 general contractors permit.

NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

Use website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

ELECTRICAL <input type="checkbox"/>	Print Name <u>Lem Eaves</u> Signature _____ Company Name: <u>Prestige Electric</u> License #: _____ Phone #: <u>352-745-0650</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/ A/C <input type="checkbox"/>	Print Name <u>Kevin Falstaux</u> Signature _____ Company Name: <u>Falstaux Heating & Air</u> License #: _____ Phone #: <u>904-964-2241</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/ GAS <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/>	Print Name <u>Matthew Carthon</u> Signature _____ Company Name: <u>Carthon Contracting Inc</u> License #: _____ Phone #: <u>904-219-7417</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

02-46-17-07483-001

Clerk's Office Stamp
Inst: 202412003999 Date: 02/27/2024 Time: 12:56PM
Page 1 of 1 B: 1509 P: 180, James M Swisher Jr, Clerk of Court
Columbia, County, By: VCW
Deputy Clerk

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): 2 Acres in SE 1/4 of SE 1/4, being Bounded East...
a) Street (job) Address: 2115 SE State Road 100, Lake City
2. General description of improvements: Remove + Replace Trusses

3. Owner Information or Lessee information if the Lessee contracted for the improvements:
a) Name and address: Bethel Baptist Church 2115 PO Box 3325 Lake City
b) Name and address of fee simple titleholder (if other than owner)
c) Interest in property Church

4. Contractor Information
a) Name and address: Carlton Contracting Inc, Matthew Carlton 22262 NW 53rd Av
b) Telephone No.: 904-219-7417 Lakeland FL 3205

5. Surety Information (if applicable, a copy of the payment bond is attached):
a) Name and address:
b) Amount of Bond:
c) Telephone No.:

6. Lender
a) Name and address:
b) Phone No.:

7. Person within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:
a) Name and address:
b) Telephone No.:

8. In addition to himself or herself, 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: OF
b) Telephone No.:

9. Expiration date of Notice of Commencement (the expiration date will be 1 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.

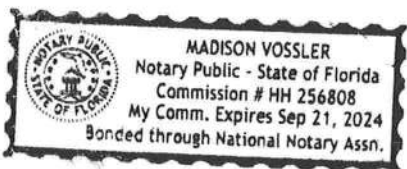
STATE OF FLORIDA
COUNTY OF COLUMBIA Union

10. Robert Richter
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
ROBERT RICHTER
Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this 21 day of February, 2024, by:
ROBERT RICHTER as AGENT for
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)

Personally Known OR Produced Identification [X] Type FIDL

Notary Signature [Signature] Notary Stamp or Seal:





Columbia County, Florida
Building Department
135 NE Hernando Avenue
Lake City, Florida 32055
Phone: 386-758-1008

www.columbiacountyfla.com

ROOFING UNDERLAYMENT AFFIDAVIT

REQUIRED FOR WALK-IN OR PAPER SUBMITTALS

Job Address: 2115 SE SR 100 Lake City

I (Print Name) Matthew Carlton, as a Florida license Roofing Contractor or an Owner Builder, I understand to comply with the 2023 Florida Building Code 8th Edition underlayment requirements, I must select an option for sealing the roof deck.

The options are summarized below...

a self-adhering polymer-modified bitumen underlayment complying with ASTM D1970 applied over the entire roof.

a minimum 4-inch wide strip of selfadhering polymer-modified bitumen complying with ASTM D1970 or a minimum 3 ¾ - inch wide strip of selfadhering flexible flashing tape complying with AAMA 711, applied over all joints in the roof decking. A felt underlayment complying with ASTM D226 Type II, ASTM D4869 Type III or IV, or ASTM D6757, or a synthetic underlayment meeting the performance requirements specified, is required to be applied over the strips/tape over the entire roof.

two layers of felt underlayment comply ASTM 0226 Type II or ASTM D4869 Type III or IV, or two layers of a synthetic underlayment meeting the performance requirements specified, lapped and fastened as specified.

Other (explain) _____

Contractor/Owners Signature 

FINAL INSPECTION & CERTIFICATE OF COMPLETION:

This completed form and photographs must be uploaded to your permit via online at the Application Submission login (link) [Welcome to Columbia County Online \(columbiacountyfla.com\)](http://Welcome to Columbia County Online (columbiacountyfla.com)).

If for a roofing permit, clearly visible in the Photographs must be the permit number or address and must include a ruler or measuring device to confirm nail spacing and overlaps including drip edge and valley flashing. (Not required for additions or New Residential)