

DATE 05/23/2006

# Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000024547

APPLICANT SABRINA BRINKLEY PHONE 752-1014  
 ADDRESS 180 NW AMENITY CT LAKE CITY FL 32055  
 OWNER JAY & CATHLEEN HART PHONE 209-743-0434  
 ADDRESS 675 SW MORNING STAR GLEN FORT WHITE FL 32038  
 CONTRACTOR UNIQUE POOLS & SPA PHONE 752-1014  
 LOCATION OF PROPERTY 47 S, L SW MORNING STAR GLEN, 1/2 MILE ON THE LEFT

TYPE DEVELOPMENT SWIMMING POOL ESTIMATED COST OF CONSTRUCTION 19000.00  
 HEATED FLOOR AREA \_\_\_\_\_ TOTAL AREA \_\_\_\_\_ HEIGHT \_\_\_\_\_ STORIES \_\_\_\_\_  
 FOUNDATION \_\_\_\_\_ WALLS \_\_\_\_\_ ROOF PITCH \_\_\_\_\_ FLOOR \_\_\_\_\_  
 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 NA DEVELOPMENT PERMIT NO. \_\_\_\_\_

PARCEL ID 34-5S-16-03752-109 SUBDIVISION SHANNA MEADOWS  
 LOT 9 BLOCK \_\_\_\_\_ PHASE \_\_\_\_\_ UNIT \_\_\_\_\_ TOTAL ACRES 5.00

CPC1456899  
 Culvert Permit No. \_\_\_\_\_ Culvert Waiver \_\_\_\_\_ Contractor's License Number \_\_\_\_\_ Applicant/Owner/Contractor Sabrina Brinkley  
 EXISTING X06-0177 BK \_\_\_\_\_ JH \_\_\_\_\_ N \_\_\_\_\_  
 Driveway Connection \_\_\_\_\_ Septic Tank Number \_\_\_\_\_ LU & Zoning checked by \_\_\_\_\_ Approved for Issuance \_\_\_\_\_ New Resident \_\_\_\_\_

COMMENTS: NOC ON FILE

Check # or Cash 20326

## 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 \$ 95.00 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** 145.00  
 INSPECTORS OFFICE [Signature] CLERKS OFFICE [Signature]

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.

After Recording return to:

Unique Pools & Spas

PO Box 1867

Lake City, FL 32056

Permit No. \_\_\_\_\_

**NOTICE OF COMMENCEMENT**

**FS 713.13**

State of Florida

County of Columbia

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. Legal description of property and street address if available: LOT 9 Shanna Meadows SLD. WD 1038-1955, WD 1038-1956, WD 1045-2209, QU 1048-958

General description of improvement: Installing in-ground, concrete swimming pool. and screen enclosure

2. Owner Information: Name and address:

Jay and Cathleen Hart, 19660 Ivy Dr, Sonoma, CA 95370

b. Interest in property: 100%

c. Name and address of fee simple titleholder (if other than Owner) \_\_\_\_\_

3. Contractor: Name and address: Unique Pools & Spas - PO Box 1867

Lake City, FL 32056

Phone number (386) 752-1014 Fax number (optional, if service by fax is acceptable) (386) 752-5613

4. Surety: Name and address N/A

Phone number N/A Fax number (optional, if service by fax is acceptable) \_\_\_\_\_

Amount of Bond \$ N/A

Lender: Name and address N/A

Phone number N/A Fax number (optional, if service by fax is acceptable) N/A

5. Persons 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: (name and address): \_\_\_\_\_

Phone numbers of designated persons \_\_\_\_\_

Fax number (optional, if service by fax is acceptable) \_\_\_\_\_

6. In addition to himself or herself, Owner designates \_\_\_\_\_ of \_\_\_\_\_ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

Phone number of person or entity designated by owner \_\_\_\_\_ Fax number (optional, if service by fax is acceptable) \_\_\_\_\_

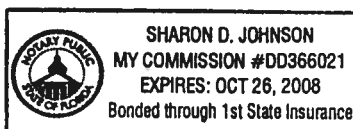
7. Expiration date of Notice of Commencement (the expiration date is one (1) year from the date of recording unless a different date is specified)

Jay W Hart Sr  
Signature of Owner

STATE OF FLORIDA  
COUNTY OF Columbia

Sworn to (or affirmed) and subscribed before me this 7 day of Sept, 2005, by Jay Hart, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did  or did not  take an oath.

Sharon D. Johnson  
Notary Public (Signature)



Inst: 2005001160 Date: 01/18/2006 Time: 10:59  
DC, P. Dewitt Cason, Columbia County B: 1071 P: 959