



Communications Site Development Project

RFP – 2016 – R

Addendum #1

September 15, 2016

Columbia County, FL
Communications Site Development Project Addendum #1

1. Please find the attached sign-in sheet for the mandatory pre-bid meeting that was held on September 7, 2016.
2. Please see the attached for the County's Insurance requirements.
3. For the purpose of this proposal, please use the following physical characteristics for the microwave radios shown on the antenna loading tables, 12" x 12" x 4" with a weight of 12lbs., as the actual radios are still TBD.
4. All alternate forms of "Bid Bonds" mentioned in Section 2.1.2 of the RFP are acceptable ie. certified check, cashier's check or treasure's check.
5. The Awarded Proposer will take down the Deep Creek tower and stack it on-site for the County to reuse at some point in the future.
6. Please assume that all FCC/FAA filings will be handled by the County and its technical consultant. To clarify please **DO NOT** include any fees associated with any FAA or FCC ie. No environmental studies, ASR registration etc. will be required of the Awarded Proposer.
7. Please find the attached permit application forms for Lake City, FL (EOC Site) and Columbia County (Deep Creek, CCSO and Lulu sites) for your reference. As stated in the RFP document the County will waive all permitting fees. However, Lake City permitting fees will be \$5 per \$1,000 value of the site improvement plus \$25.
8. For the purpose of this proposal, the utility overhead pole should be assumed to be within 25 feet of the new fenced compound at all sites with the exception of Deep Creek, which will require approximately 225' of underground conduit. Please see the attached generic electrical riser diagram that is applicable to all sites.
9. As per the RFP Section 3.2.13 the Awarded Proposer will be responsible for providing a 6-foot side arm mount for each LMR antenna listed in the antenna loading tables. However, the side arms will not need to be assembled and installed on the tower at this time. The Awarded Proposer will inventory the parts with County and store them neatly inside the new fenced compounds.
10. Please see the updated EOC Site Conceptual drawing that shows the two (2) required in-ground pull boxes that shall be supplied with the 4-inch conduit

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runs. The two (2) 4-inch conduits shall be stubbed up at the EOC building just below the existing entry port and capped off.

11. Is there any equipment or systems provided by the county or others to be installed, stored, or managed besides the microwave antennas and mounting hardware by the proposer?

There will be **no systems or hardware** provided by the County that the Awarded Proposer will need to manage or install.

12. Is the generator manufacturer open to any major manufacturer besides the three preferred names in the RFP as long as they meet the full criteria?

Yes

13. Regarding **5.1.1 Pricing Worksheets**, are the pricing totals for the alternate Deep Creek self supporting tower, bottom of page 5-3, and the optional Greenfield Site, page 5-6, to be included in the pricing worksheet summary total, page 5-1?

NO

14. Omnicom stated that county will be responsible for Clearing and Grading. Page 3-3, **Section 3.1.8** states proposer will clear and grade. Please clarify.

All sites of work with the exception of the new EOC tower site location are already "cleared". The County will clear the EOC parcel and have the site "construction ready" for the Awarded Proposer. Also, if any additional clearing is required at the Deep Creek site to accommodate new guy wire anchors then the County will clear the necessary land for these installations.

15. Regarding Page 3-6, Section **3.2.3 Tower Foundation Construction and Design**, proposers are requested to base their foundation designs on "normal soil conditions". Reference standard EIA/TIA-222-G does not allow for "normal" soil. Should the proposers assume Rev G "Clay" as normal for the region, or does the county desire Rev F "normal" soil for the foundations?

All tower foundations designs will be based upon normal/presumptive soils as per section 3.2.3 and as defined in TIA-222-G Annex F Table F-1 with the exception of the CCSO tower foundations which should be based upon the attached Geo Report from TEP dated April 1, 2016.

16. Page 1 of 5 of the RFP states the proposal due date/time as 11:00 A.M. on October 6, 2016; however page 2-2, item 2.4 Proposal Submission states the proposal due date/time as 5:00 EDT October 6, 2016. Would the County please clarify which is correct?

All Proposals are due as stated in Section 2.4 of the RFP October 6, 2016 by 5:00 PM EDT

17. RFP Section 2.14 Proposal Format shall be modified to include a major equipment submittal section. This will be Section 6 of your proposal and the Price Proposal will now be Section 7. The revised RFP Section is provided below:

2.14 PROPOSAL FORMAT

Responses to this RFP shall be formatted as described below. The County reserves the right to reject any and all proposals, to waive defects and formalities in proposals, and to award the contract to the selected Proposer that the County considers to have submitted the best and most advantageous proposal.

Cover Letter - Proposers shall submit a cover letter on their letterhead, signed by a person with the corporate authority to enter into contracts in the amount of the proposal. This letter shall certify the accuracy of all information in the proposal.

TABLE OF CONTENTS

SECTION 1 – Executive Summary

Proposers shall submit an executive summary in non-technical terms of the proposed equipment and services covering the main features and benefits. Do not exceed four pages or include any price information in this summary. The executive summary should also include a point of contact with regards information concerning this response. A contact name, address, email address, and telephone numbers shall be supplied.

SECTION 2 – Corporate Information and Experience

Proposers shall include the type of corporation, state of incorporation, corporate headquarter location, date of incorporation, office location that would manage this project and any relevant business license information.

Proposers shall provide a description of their capabilities and experience that would allow it to successfully complete this project. Proposers shall submit at least three project references from similar size and scope projects that have been completed within the last five (5) years. The references at a minimum shall include the following information:

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- Client Name
- Description of project and work completed
- Listing on all subcontractors used and work they completed
- Client contact information including, job title, phone number and email address
- Contract information including start and completion dates, original contract dollar value and final dollars received, original scheduled completion date and actual final acceptance date

SECTION 3 – Project Team

Proposers shall clearly identify all proposed team members, their proposed roles and include their professional resumes. Proposers shall include any subcontractors that they propose to use in this Section along with a description of the work proposed to be performed by the subcontractor.

SECTION 4 – Response to Specifications

Proposers shall provide a paragraph-by-paragraph response indicating compliance with every described requirement, specification, and function included in this RFP. To be fully compliant, Proposers shall review all of the requirements in the RFP and respond to each paragraph therein indicating whether:

- Their proposed equipment complies with the requirement (Proposer Response: **Fully Comply**).
- Their proposed equipment partially complies with the requirement (Proposer Response: **Partially Comply**). The Proposer shall clearly identify what portion of the requirement is met and what portion is not met.
- They take exception to the requirement and explain why and how the proposed equipment will provide the specified requirement or capability (Proposer Response: **Exception Taken**).
- In paragraphs that primarily describe existing conditions or contain other topics for which a response of comply, partially comply or exception taken is not appropriate, Proposers will indicate that they have reviewed the paragraph and understood its content (Proposer Response: **Understood**). An Understood response shall mean that the proposed equipment will fully support the listed condition/topic.

SECTION 5 – Project Approach and Schedule

Proposers shall include a logical description of all proposed work tasks necessary to complete the requested project. Proposers shall include their “Construction Site Management and Safety Plan” as specified in section 3.1.1 of this RFP and any other preliminary proposed site designs and layouts. Proposers shall provide in Gantt chart format a detailed proposed project schedule.

SECTION 6 – Major Equipment Submittal

Proposers shall provide equipment submittal data for all major equipment proposed as part of this project. At a minimum, this shall include proposed tower steel designs, proposed tower foundation designs, proposed antenna mounting hardware, proposed generator and ATS,

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proposed equipment shelter with basic floor plan layout, proposed in-ground handhole/pull boxes and proposed SPD devices.

SECTION 7 – Price Proposal (Submit in a separate sealed envelope)

Proposers shall submit their pricing using the attached proposal Pricing Worksheets (Section 5 of this RFP). Pricing shall include and separately itemize all major items and hardware, equipment and components and services provided under this RFP. Pricing shall include all freight, taxes and all other applicable fees.

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Sept 7 2016 Mandatory Pre-Bid Meeting

SIGN-IN SHEET

Company/Firm/Entity Name: Gulf Equipment Corporation
Address: 5540 Business Parkway
City: Theodore AL Zip: 34582
Name: Jeremy Middleton Fax: _____
Phone: 251 656 9265 Email: jeremym@gulfequipment.net
~~~~~

Company/Firm/Entity Name: OCG  
Address: 2927 Habersham  
City: Tallahassee Zip: 32309  
Name: Chris Monzingo Fax: \_\_\_\_\_  
Phone: 850-212-4475 Email: Cmonzingo@ocg-usa.com  
~~~~~

Company/Firm/Entity Name: CCSO Wayne Craig
Address: _____
City: _____ Zip: _____
Name: _____ Fax: _____
Phone: _____ Email: _____
~~~~~

Company/Firm/Entity Name: Cliff Padgett, Inc.  
Address: 411 Apollo Beach Blvd Suite 700  
City: Apollo Beach Zip: 33572  
Name: Cliff Padgett Fax: 866-427-6210  
Phone: 813-505-2648 Email: cliff@cliffpadgettinc.com  
~~~~~

Company/Firm/Entity Name: M. Gay Constructors, Inc
Address: PO Box 26249
City: Jacksonville, FL Zip: 32226
Name: Jonathan Knisky Fax: 904-714-4007
Phone: 904-714-4001 Email: Jonathan@MGClighting.com
~~~~~

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SIGN-IN SHEET

Company/Firm/Entity Name: BLACK ; VEATCH  
Address: 563 W HILLSBOROUGH AVE  
City: FORAHOME , FL Zip: 32140  
Name: BUDDY PEARCE Fax: \_\_\_\_\_  
Phone: (913) 433-6627 Email: PEARCEC@BV.COM

~~~~~

Company/Firm/Entity Name: GFRC SHELTER
Address: 942 HAMILTON FLOOR CARE
City: LAKELAND FL Zip: 33813
Name: MIKE PARRISH Fax: 866-299-9169
Phone: 863 644-9226 Email: MPARRISH@GFRC.COM

~~~~~

Company/Firm/Entity Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name: \_\_\_\_\_ Fax: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

~~~~~

Company/Firm/Entity Name: _____
Address: _____
City: _____ Zip: _____
Name: _____ Fax: _____
Phone: _____ Email: _____

~~~~~

Company/Firm/Entity Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name: \_\_\_\_\_ Fax: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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SIGN-IN SHEET

Company/Firm/Entity Name: MOTOROLA, INC.  
Address: 8000 West SUNRISE BLVD  
City: PLANTATION Zip: 33324  
Name: JAY HAMMACK Fax: \_\_\_\_\_  
Phone: 954-275-4156 Email: Jay.Hammack@MOTOROLA.SOLUTIONS.COM  
~~~~~

Company/Firm/Entity Name: MIDLAND COMMUNICATION
Address: 721 SCHOOL HOUSE RD
City: CALHOUN, GA Zip: 30701
Name: ROBERT (BOB) GRAVITZ Fax: _____
Phone: 7703242622 Email: RMGRAVITZ@COMCAST.NET
~~~~~

Company/Firm/Entity Name: SYNERGY ELECTRIC OF CENTRAL FLORIDA  
Address: 508 SE WENDWA AVE  
City: OCALA FL Zip: 34471  
Name: VALENTINE JIMENEZ Fax: \_\_\_\_\_  
Phone: 352-303-5545 Email: SYNERGYELECTRIC303@AOL.COM  
~~~~~

Company/Firm/Entity Name: TOWER SYSTEMS SOUTH, INC.
Address: 3075 N. FORSYTH RD.
City: WINTER PARK, FL Zip: 32792
Name: SCOTT CONYERS Fax: _____
Phone: 321-228-5348 Email: SCONYERS@TOWERSYSTEMS.COM
~~~~~

Company/Firm/Entity Name: ATLAS SOLUTIONS, INC.  
Address: 2071 58TH AVE. C.R. EAST  
City: BRADENTON, FLORIDA Zip: 34203  
Name: DAVE MANN Fax: 941-827-2994  
Phone: 941-812-9952 Email: DAVEMANN@ATLASOLUTIONSINC.NET  
~~~~~

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SIGN-IN SHEET

Company/Firm/Entity Name: WILLIAMS COMMUNICATIONS, INC.
Address: 5046 TENNESSEE CAPITAL BLVD
City: TALLAHASSEE Zip: 32303
Name: GAVIN LASATER Fax: _____
Phone: (850) 345-6709 Email: GLASATER@WMSCOM.COM
~~~~~

Company/Firm/Entity Name: Williams Communications, inc  
Address: 5046 Tennessee Capital Blvd.  
City: Tallahassee Zip: 32303  
Name: Josh Franklin Fax: \_\_\_\_\_  
Phone: 850-559-6453 Email: Jfranklin@wmscom.com  
~~~~~

Company/Firm/Entity Name: DATA PATH Tower, LLC
Address: 6900 TAVISTOCK LAKES BLVD Suite 400
City: Orlando Zip: 32827
Name: CURT JONES Fax: _____
Phone: 321.576.4356 Email: CURT@DATAPATHtower.COM
~~~~~

Company/Firm/Entity Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name: \_\_\_\_\_ Fax: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
~~~~~

Company/Firm/Entity Name: _____
Address: _____
City: _____ Zip: _____
Name: _____ Fax: _____
Phone: _____ Email: _____

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SIGN-IN SHEET

Company/Firm/Entity Name: EXPERT CONSTRUCTION MANAGERS INC
Address: 815 S Kings Ave
City: Brandon Zip: 33511
Name: Bill Brown Fax: 813 571 0875
Phone: 813 335 4765 Email: Bill@Brown.org
~~~~~

Company/Firm/Entity Name: SABRE TOWERS  
Address: 2101 Southbridge Dr  
City: Sioux City Iowa Zip: 51111  
Name: Mike Checchio Fax: 407-366-3647  
Phone: 407-868-1089 Email: MChecchio@Sabreindustries.com  
~~~~~

Company/Firm/Entity Name: MIDLAND LAND COMMUNICATIONS STEVE FORRESTER
Address: 721 SCHOOL HOUSE ROAD
City: Calhoun Zip: 30701
Name: STEVE FORRESTER Fax: _____
Phone: 678-409-1839 Email: SFORRESTER@MIDLANDCOMMUNICATIONS.NET
~~~~~

Company/Firm/Entity Name: Centerline - UCI Communications  
Address: 7103 East 6th Ave  
City: Tampa FL Zip: 33619  
Name: Jeff Stackhouse Fax: (813) 386-6204  
Phone: (941) 915-4588 Email: jstackhouse@ucics.net  
~~~~~

Company/Firm/Entity Name: KCI TECHNOLOGIES, INC.
Address: 10401 HIGHLAND MANOR RD
City: TAMPA Zip: 33610
Name: SAM ARBUHNOT Fax: _____
Phone: 813-386-2905 Email: sam.arbuhnot@kci.com
~~~~~

## Columbia County Florida Insurance Requirements

### Insurance

The insurance described herein reflects the insurance requirements deemed necessary for this contract by the County. It is not necessary to have this level of insurance in effect at the time of submittal, but certificates indicating that the insurance is currently carried or a letter from the Carrier indicating upgrade ability will speed the review process to determine the most qualified Proposer.

The successful Proposer(s) shall not commence operations until certification or proof of insurance, detailing terms and provisions of coverage, has been received and approved by the Columbia County Risk Manager.

The following insurance coverage shall be required.

- a. Worker's Compensation Insurance covering all employees and providing benefits as required by Florida Statute, Chapter 440, regardless of the size of the company (number of employees). The Contractor further agrees to be responsible for employment, control and conduct of its employees and for any injury sustained by such employees in the course of their employment.
  
- b. Liability Insurance
  - 1) Naming Columbia County as an additional insured, on General Liability Insurance only, in connection with work being done under this contract.
  
  - 2) Such Liability insurance shall include the following checked types of insurance and indicated minimum policy limits.

#### LIMITS OF LIABILITY

| Type of Insurance                                        | each<br>occurrence                                                 | aggregate       |
|----------------------------------------------------------|--------------------------------------------------------------------|-----------------|
| <b>GENERAL LIABILITY</b>                                 | <b><i>MINIMUM \$200,000 per OCCURRENCE/\$300,000 AGGREGATE</i></b> |                 |
| <i>* Policy to be written on a claims incurred basis</i> |                                                                    |                 |
| XX comprehensive form                                    |                                                                    |                 |
| XX premises - operations                                 | bodily injury                                                      |                 |
| — explosion & collapse hazard                            |                                                                    | property damage |
| — underground hazard                                     |                                                                    |                 |
| — products/completed operations hazard                   | bodily injury and property damage                                  |                 |
| XX contractual insurance                                 | property damage                                                    |                 |
| XX broad form property                                   | combined                                                           |                 |

|    |                         |                 |
|----|-------------------------|-----------------|
|    | damage                  | _____           |
| XX | independent contractors |                 |
| XX | personal injury         | personal injury |

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**AUTOMOBILE LIABILITY** *MINIMUM \$200,000 per OCCURRENCE/\$300,000 AGGREGATE*

|    |                    |                                  |
|----|--------------------|----------------------------------|
|    |                    | bodily injury<br>(each person)   |
|    |                    | bodily injury<br>(each accident) |
| XX | comprehensive form | _____                            |
| XX | owned              | property damage                  |
| XX | hired              | bodily injury and                |
| XX | non-owned          | property damage<br>combined      |

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**REAL & PERSONAL PROPERTY**

|     |                    |                                                     |
|-----|--------------------|-----------------------------------------------------|
| ___ | comprehensive form | Consultant must show proof they have this coverage. |
|-----|--------------------|-----------------------------------------------------|

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**EXCESS LIABILITY**

|     |                     |                                      |              |              |
|-----|---------------------|--------------------------------------|--------------|--------------|
| ___ | umbrella form       | bodily injury and<br>property damage |              |              |
| ___ | other than umbrella | combined                             | \$2,000,000. | \$2,000,000. |

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|    |                                               |              |              |
|----|-----------------------------------------------|--------------|--------------|
| XX | <b>PROFESSIONAL LIABILITY</b>                 | \$1,000,000. | \$1,000,000. |
|    | * Policy to be written on a claims made basis |              |              |

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The certification or proof of insurance must contain a provision for notification to the County, and the County's contracted law enforcement provider if applicable, thirty (30) days in advance of any material change in coverage or cancellation.

The successful Proposer shall furnish to the County the certification or proof of insurance required by the provisions set forth above, within ten (10) days after notification of award of contract.



**IV. IDENTIFICATION-To be completed by all applicants**

| Name                                                                                                         |  | Mailing address-Number, street, city and state | Zip              | Telephone # |
|--------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|------------------|-------------|
| 1.Owner                                                                                                      |  |                                                |                  |             |
|                                                                                                              |  |                                                |                  |             |
| 2.Contrator                                                                                                  |  |                                                |                  |             |
|                                                                                                              |  |                                                |                  |             |
| 3.Architect or Engineer                                                                                      |  |                                                |                  |             |
|                                                                                                              |  |                                                |                  |             |
| The owner of this building and the undersigned agree to conform to all applicable laws of this jurisdiction. |  |                                                |                  |             |
| Signature of applicant                                                                                       |  | Address                                        | Application date |             |

**DO NOT WRITE BELOW THIS LINE**

**V. PLAN REVIEW RECORD- For office use**

| Plan Review Required | Check | Plan Review Fee | Date Plans Started | By | Date Plans Approved | By | Notes |
|----------------------|-------|-----------------|--------------------|----|---------------------|----|-------|
| BUILDING             |       |                 |                    |    |                     |    |       |
| PLUMBING             |       |                 |                    |    |                     |    |       |
| MECHANICAL           |       |                 |                    |    |                     |    |       |
| ELECTRICAL           |       |                 |                    |    |                     |    |       |
| OTHER _____          |       |                 |                    |    |                     |    |       |

**VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS**

| Permit or Approval   | Check | Date | Number | By | Permit or Approval Check | Date | Number | By |
|----------------------|-------|------|--------|----|--------------------------|------|--------|----|
| BOILER               |       |      |        |    | PLUMBING                 |      |        |    |
| CURB OR SIDEWALK CUT |       |      |        |    | ROOFING                  |      |        |    |
| ELEVATOR             |       |      |        |    | SEWER                    |      |        |    |
| ELECTRICAL           |       |      |        |    | SIGN OR BILLBOARD        |      |        |    |
| FURNACE              |       |      |        |    | STREET GRADES            |      |        |    |
| GRADING              |       |      |        |    | USE OF PUBLIC AREAS      |      |        |    |
| OTHER _____          |       |      |        |    | WRECKING                 |      |        |    |





# Columbia County Gateway to Florida

FOR PLANNING USE ONLY

Application # SP \_\_\_\_\_

Application Fee \$750.00

Receipt No. \_\_\_\_\_

Filing Date \_\_\_\_\_

Completeness Date \_\_\_\_\_

## Special Permit Application

### A. PROJECT INFORMATION

1. Project Name: \_\_\_\_\_
2. Address of Subject Property: \_\_\_\_\_
3. Parcel ID Number(s): \_\_\_\_\_
4. Future Land Use Map Designation: \_\_\_\_\_
5. Zoning Designation: \_\_\_\_\_
6. Acreage: \_\_\_\_\_
7. Existing Use of Property: \_\_\_\_\_
8. Proposed Use of Property: \_\_\_\_\_
9. Duration of Proposed Temporary Use: \_\_\_\_\_

### B. APPLICANT INFORMATION

1. Applicant Status  Owner (title holder)  Agent
2. Name of Applicant(s): \_\_\_\_\_ Title: \_\_\_\_\_  
Company name (if applicable): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE NOTE: Florida has a very broad public records law. Most written communications to or from government officials regarding government business is subject to public records requests. Your e-mail address and communications may be subject to public disclosure.**

3. If the applicant is agent for the property owner\*.  
Property Owner Name (title holder): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE NOTE: Florida has a very broad public records law. Most written communications to or from government officials regarding government business is subject to public records requests. Your e-mail address and communications may be subject to public disclosure.**

**\*Must provide an executed Property Owner Affidavit Form authorizing the agent to act on behalf of the property owner.**

**C. ADDITIONAL INFORMATION**

- 1. Is there any additional contract for the sale of, or options to purchase, the subject property?  
If yes, list the names of all parties involved: \_\_\_\_\_  
If yes, is the contract/option contingent or absolute:     Contingent     Absolute
- 2. Has a previous application been made on all or part of the subject property:  
Future Land Use Map Amendment:         Yes \_\_\_\_\_         No \_\_\_\_\_  
Future Land Use Map Amendment Application No. CPA \_\_\_\_\_  
Site Specific Amendment to the Official Zoning Atlas (Rezoning):  Yes \_\_\_\_\_     No \_\_\_\_\_  
Site Specific Amendment to the Official Zoning Atlas (Rezoning) Application No. Z \_\_\_\_\_  
Variance:  Yes \_\_\_\_\_         No \_\_\_\_\_  
Variance Application No. V \_\_\_\_\_  
Special Exception:         Yes \_\_\_\_\_         No \_\_\_\_\_  
Special Exception Application No. SE \_\_\_\_\_

**D. ATTACHMENT/SUBMITTAL REQUIREMENTS**

In accordance with the Columbia County Comprehensive Plan and Land Development Regulations (“LDRs”), certain uses are required to obtain a Special Permit from the Board of County Commissioners. Below is a list of uses that require a Special Permit from the Board of County Commissioners.

- 1. Bulkheads, Docks, and Similar Structures to be located on Perennial Rivers (Section 14.6).
- 2. Land and Water Fills, Dredging, and Mining (Section 14.7).
- 3. Temporary Uses (Section 14.10):
  - A. In agricultural, commercial, and industrial districts: commercial circuses, carnivals, outdoor concerts, and similar uses.
  - B. In agricultural and commercial districts: such uses similar to, but not limited to asphalt and concrete batch plants, excepting locations in high groundwater recharge, which provide materials for state and local government road projects.
- 4. Hazardous, Bio-Hazardous and Medical Waste Treatment Facilities (Section 14.11).
- 5. Intensive Agriculture (Section 14.12).

For all Special Permits, the following items are required for a complete application:

- 1. Vicinity Map – Indicating general location of the site, abutting streets, existing utilities, complete legal description of the property in question, and adjacent land use.

2. Site Plan – Including, but not limited to the following:
  - a. Name, location, owner, and designer of the proposed development.
  - b. Present zoning for subject site.
  - c. Location of the site in relation to surrounding properties, including the means of ingress and egress to such properties and any screening or buffers on such properties.
  - d. Date, north arrow, and graphic scale not less than one inch equal to 50 feet.
  - e. Area and dimensions of site (Survey).
  - f. Location of all property lines, existing right-of-way approaches, sidewalks, curbs, and gutters.
  - g. Access to utilities and points of utility hook-up.
  - h. Location and dimensions of all existing and proposed parking areas and loading areas.
  - i. Location, size, and design of proposed landscaped areas (including existing trees and required landscaped buffer areas).
  - j. Location and size of any lakes, ponds, canals, or other waters and waterways.
  - k. Structures and major features fully dimensioned including setbacks, distances between structures, floor area, width of driveways, parking spaces, property or lot lines, and percent of property covered by structures.
  - l. Location of trash receptacles.
3. Stormwater Management Plan—Including the following:
  - a. Existing contours at one foot intervals based on U.S. Coast and Geodetic Datum.
  - b. Proposed finished elevation of each building site and first floor level.
  - c. Existing and proposed stormwater management facilities with size and grades.
  - d. Proposed orderly disposal of surface water runoff.
  - e. Centerline elevations along adjacent streets.
  - f. Water management district surface water management permit.
4. Legal Description with Tax Parcel Number.
5. Proof of Ownership (i.e. deed).
6. Agent Authorization Form (signed and notarized).
7. Proof of Payment of Taxes (can be obtained online via the Columbia County Tax Collector's Office).

8. Fee. The application fee for a Special Permit Application is \$750. No application shall be accepted or processed until the required application fee has been paid.

I hereby certify that all of the above statements and statements contained in any documents or plans submitted herewith are true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant/Agent Name (Type or Print)

\_\_\_\_\_  
Applicant/Agent Signature

\_\_\_\_\_  
Date



**COLUMBIA COUNTY BUILDING DEPARTMENT**

135 NE Hernando Ave., Suite B-21, Lake City, FL 32055

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

[www.columbiacountyfla.com/BuildingandZoning.asp](http://www.columbiacountyfla.com/BuildingandZoning.asp)

**NEW CONSTRUCTION  
RESIDENTIAL OR COMMERCIAL**

**ANY NEW ~ ADDITIONS ~ METAL BUILDINGS ~ ENCLOSURES**

\_\_\_\_ 2 pg Permit Application with *PROPERTY OWNER'S Signature & Notarized Contractor Signature* + \$15.00  
*The Deeded Property owner must sign page 2 of the Application. If the customer has a **notarized Power of Attorney** from the Deeded Property Owner, then that named person can sign for the owner.*

1 -Notes:

Subcontractors Verification Form, **signed** by the license holder/contractor that is subcontracted the job.

2 -Notes:

License Holders (Contractors) must complete a "Letter of Authorization" for who signs the permit.

3 -Notes:

If an Owner Builder, Notarized Disclosure Statement (Owner Builders must sign for the Permit)

4 -Notes:

Recorded deed or Property Appraiser's parcel details printout; **and if**

5 -Notes:

Owner is Corporation or Trust, **provide** corporate articles listing the signor, trust executor or POA forms.

6 -Notes:

Approved and Signed Site Plan from Environmental Health on the septic 386-758-1058

7 -Notes:

Site plan with actual distances of the structure to each property line

8 -Notes:

911 Address form, Phone 386-758-1125 #1 ALL CONSTRUCTION REQUIRES VERIFICATION

9 -Notes:

Residential or Commercial Checklist completed including Product Approval Code Spec sheet.

10 -Notes:

Provide information on Development Permits/Zoning Applications applied for, if applicable.

11 -Notes:

New Wells need a letter from the well driller (Well Letter); **or** if on City Water provide City Water Letter; **or** if the property is in the Ellisville Water System area contact 386-719-7565 for review.

12 -Notes:

Recorded Notice of Commencement; before the 1<sup>st</sup> inspection.

13 -Notes:

2 sets of plans (blueprints) folded to 9 x 12 size with Signed & Sealed Engineering

14 -Notes:

2 sets of Signed & Sealed truss engineering, if not included within the building blueprints

15 -Notes:

2 sets of energy code & Manual J forms, if required.

16 -Notes:

**Applications can be mailed, include the \$15.00 fee, checks to BCC or Board of County Commissioners.**

Columbia County New Building Permit Application

**For Office Use Only** Application # \_\_\_\_\_ Date Received \_\_\_\_\_ By \_\_\_\_\_ Permit # \_\_\_\_\_  
 Zoning Official \_\_\_\_\_ Date \_\_\_\_\_ Flood Zone \_\_\_\_\_ Land Use \_\_\_\_\_ Zoning \_\_\_\_\_  
 FEMA Map # \_\_\_\_\_ Elevation \_\_\_\_\_ MFE \_\_\_\_\_ River \_\_\_\_\_ Plans Examiner \_\_\_\_\_ Date \_\_\_\_\_  
 Comments \_\_\_\_\_  
 NOC  EH  Deed or PA  Site Plan  State Road Info  Well letter  911 Sheet  Parent Parcel # \_\_\_\_\_  
 Dev Permit # \_\_\_\_\_  In Floodway  Letter of Auth. from Contractor  F W Comp. letter  
 Owner Builder Disclosure Statement  Land Owner Affidavit  Ellisville Water  App Fee Paid  Sub VF Form

Septic Permit No. \_\_\_\_\_ OR City Water \_\_\_\_\_ Fax \_\_\_\_\_

Applicant (Who will sign/pickup the permit) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Owners Name \_\_\_\_\_ Phone \_\_\_\_\_

911 Address \_\_\_\_\_

Contractors Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Contractor Email \_\_\_\_\_ \*\*\*Include to get updates on this job.

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 \_\_\_\_\_ Estimated Construction Cost \_\_\_\_\_

Subdivision Name \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Unit \_\_\_\_\_ Phase \_\_\_\_\_

Driving Directions from a Major Road \_\_\_\_\_

Construction of \_\_\_\_\_ Commercial OR \_\_\_\_\_ Residential

Proposed Use/Occupancy \_\_\_\_\_ Number of Existing Dwellings on Property \_\_\_\_\_

Is the Building Fire Sprinkled? \_\_\_\_\_ If Yes, blueprints included \_\_\_\_\_ Or Explain \_\_\_\_\_

**Circle Proposed -** Culvert Permit or Culvert Waiver or D.O.T. Permit or Have an Existing Drive

Actual Distance of Structure from Property Lines - Front \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_

Number of Stories \_\_\_\_\_ Heated Floor Area \_\_\_\_\_ Total Floor Area \_\_\_\_\_ Acreage \_\_\_\_\_

Zoning Applications applied for (Site & Development Plan, Special Exception, etc.) \_\_\_\_\_



**SUBCONTRACTOR VERIFICATION FORM**

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.*

|                                   |                                      |                                   |
|-----------------------------------|--------------------------------------|-----------------------------------|
| <b>ELECTRICAL</b>                 | Print Name _____<br>License #: _____ | Signature _____<br>Phone #: _____ |
| <b>MECHANICAL/<br/>A/C _____</b>  | Print Name _____<br>License #: _____ | Signature _____<br>Phone #: _____ |
| <b>PLUMBING/<br/>GAS</b>          | Print Name _____<br>License #: _____ | Signature _____<br>Phone #: _____ |
| <b>ROOFING</b>                    | Print Name _____<br>License #: _____ | Signature _____<br>Phone #: _____ |
| <b>SHEET METAL</b>                | Print Name _____<br>License #: _____ | Signature _____<br>Phone #: _____ |
| <b>FIRE SYSTEM/<br/>SPRINKLER</b> | Print Name _____<br>License #: _____ | Signature _____<br>Phone #: _____ |
| <b>SOLAR</b>                      | Print Name _____<br>License #: _____ | Signature _____<br>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.

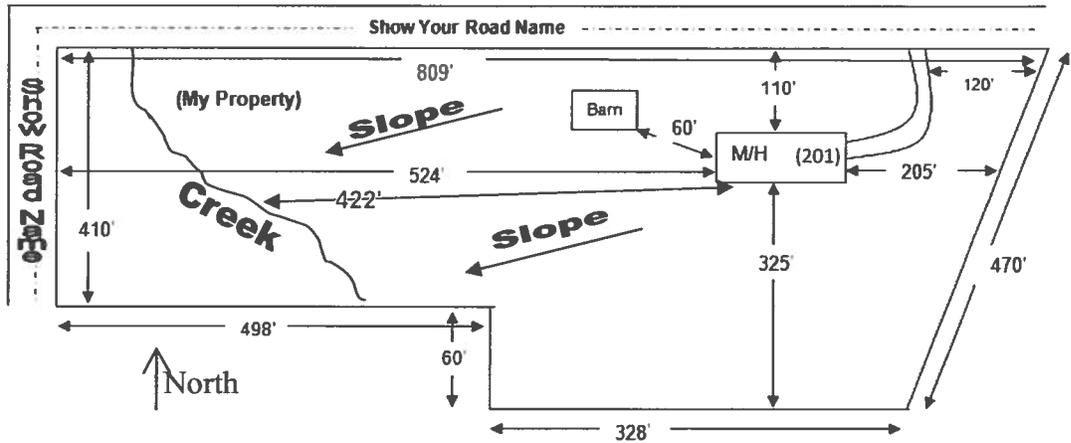


## SITE PLAN CHECKLIST

- 1) Property Dimensions
- 2) Footprint of proposed and existing structures (including decks), label these with existing addresses
- 3) Distance from structures to all property lines
- 4) Location and size of easements
- 5) Driveway path and distance at the entrance to the nearest property line
- 6) Location and distance from any waters; sink holes; wetlands; and etc.
- 7) Show slopes and or drainage paths
- 8) Arrow showing North direction

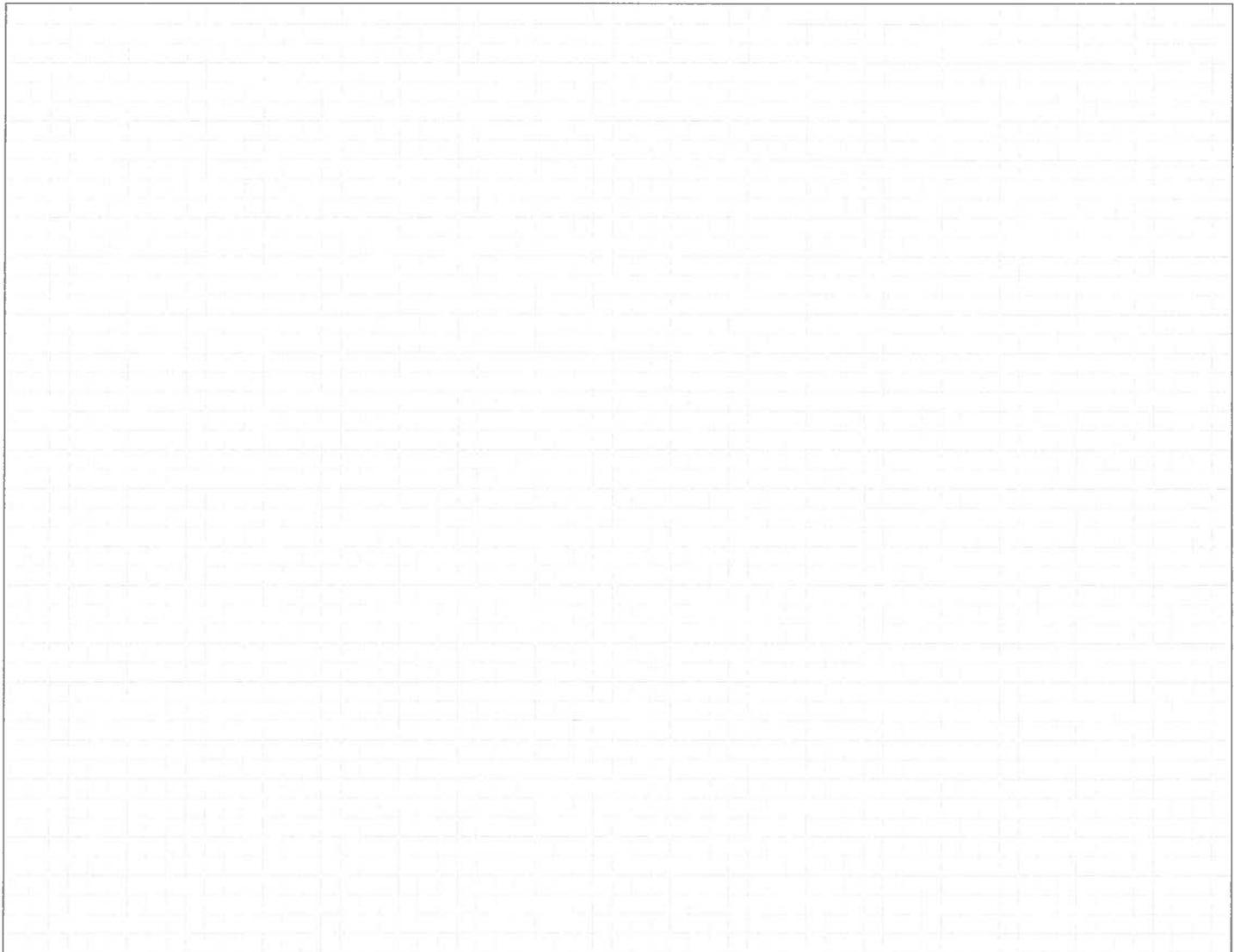
### SITE PLAN EXAMPLE

Revised 7/1/15



**NOTE:**

This site plan can be copied and used with the 911 Addressing Dept. application forms.





# COLUMBIA COUNTY

## 911 ADDRESSING / GIS DEPARTMENT



P. O. Box 1787, Lake City, FL 32056-1787  
 263 NW Lake City Ave., Lake City, FL 32055  
 Telephone: (386) 758-1125 \* Fax: (386) 758-1365 \* Email: ron\_croft@columbiacountyfla.com

### Application for 911 Address Assignment Form

**NOTE: ADDRESS ASSIGNMENT MAY REQUIRE UP TO 10 WORKING DAYS. IF THE ADDRESSING DEPARTMENT NEEDS TO CONDUCT ON SITE GPS LOCATION IDENTIFICATION OR OTHER ACTIONS, ADDITIONAL TIME MAY BE REQUIRED.**

Date of Request: \_\_\_\_\_

Requester Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

(Cell Phone Number if Provided): \_\_\_\_\_

Requested for Self:  or Requested for Company:   
 (check one)

If Address is Requested by a Company, Provide Name of Requesting Company:

\_\_\_\_\_

Parcel Identification Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If in Subdivision, Provide Name Of Subdivision:

\_\_\_\_\_

Phase or Unit Number (if any): \_\_\_\_\_ Block Number (if any): \_\_\_\_\_

Lot Number: \_\_\_\_\_

**Attach Site Plan or you may use back of Request Form for Site Plan:  
 Requirements for Site Plan Are Listed on Back of Request Form:  
 (NOTE: Site Plan Does NOT have to be a survey or to scale; FURTHER a  
 Environmental Health Dept. Site Plan showing only a 210 by 210 cutout of a  
 property will NOT suffice for Addressing Requirements.)**

*Addressing / GIS Department Use Only:*

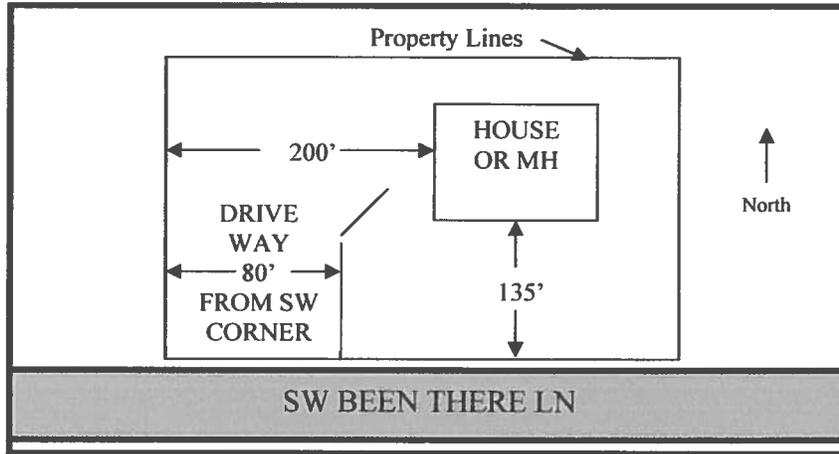
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Date Received: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

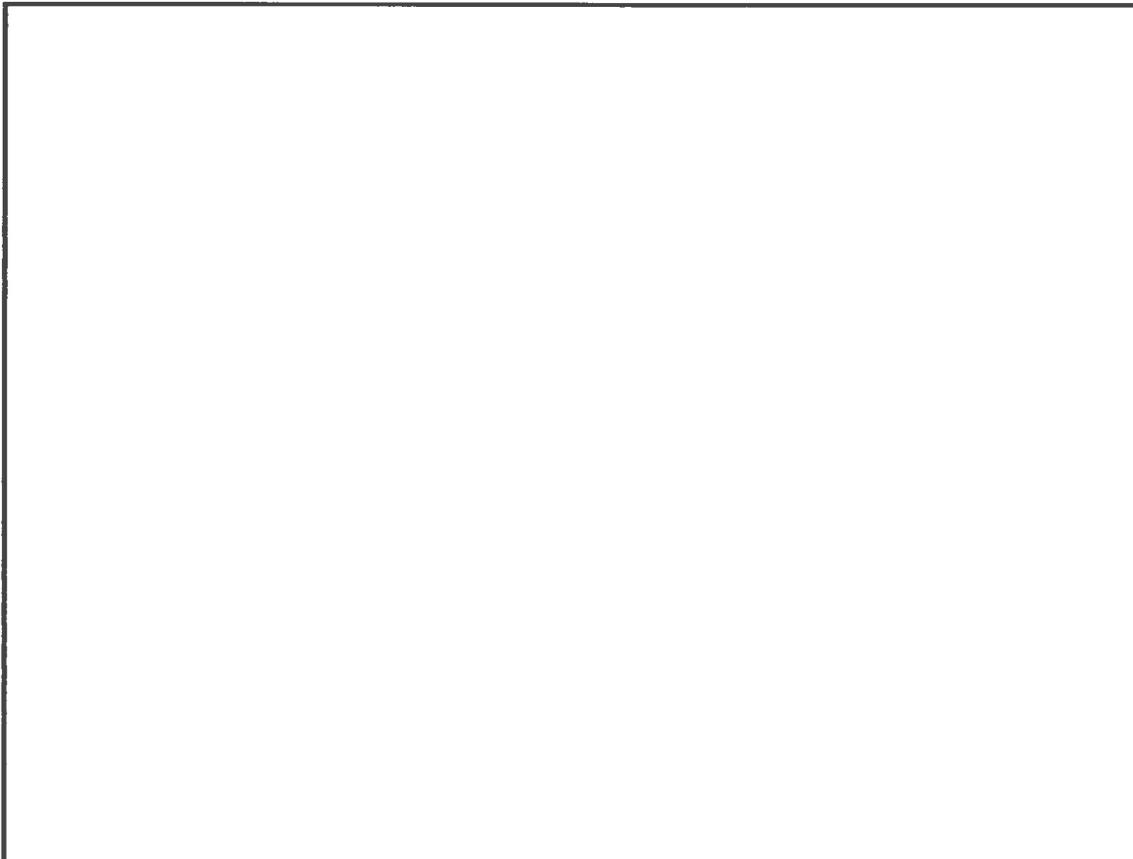
ID Number: \_\_\_\_\_

1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM WHICH LOCATION IS TO BE ADDRESSED WITH A DISTANCE FROM A PARALLEL PROPERTY LINE AND OR PROPERTY CORNER (SEE SAMPLE BELOW).
4. TRAVEL OF THE DRIVEWAY FROM THE ACCESS POINT TO THE STRUCTURE (SEE SAMPLE BELOW).

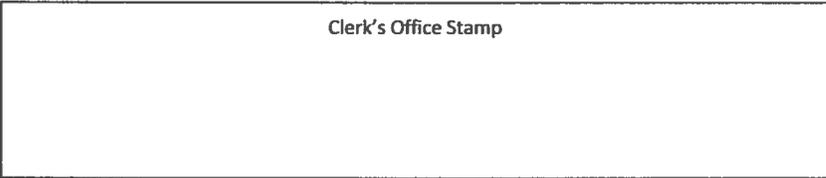
**SAMPLE:**



**SITE PLAN BOX:**



NOTICE OF COMMENCEMENT



Tax Parcel Identification Number:

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:
2. General description of improvements:
3. Owner Information or Lessee information if the Lessee contracted for the improvements:
a) Name and address:
b) Name and address of fee simple titleholder (if other than owner)
c) Interest in property
4. Contractor Information
a) Name and address:
b) Telephone No.:
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(l)(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

10.
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager

Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this day of 20, by:

(Name of Person) as (Type of Authority) for (name of party on behalf of whom instrument was executed)

Personally Known OR Produced Identification Type

Notary Signature Notary Stamp or Seal:

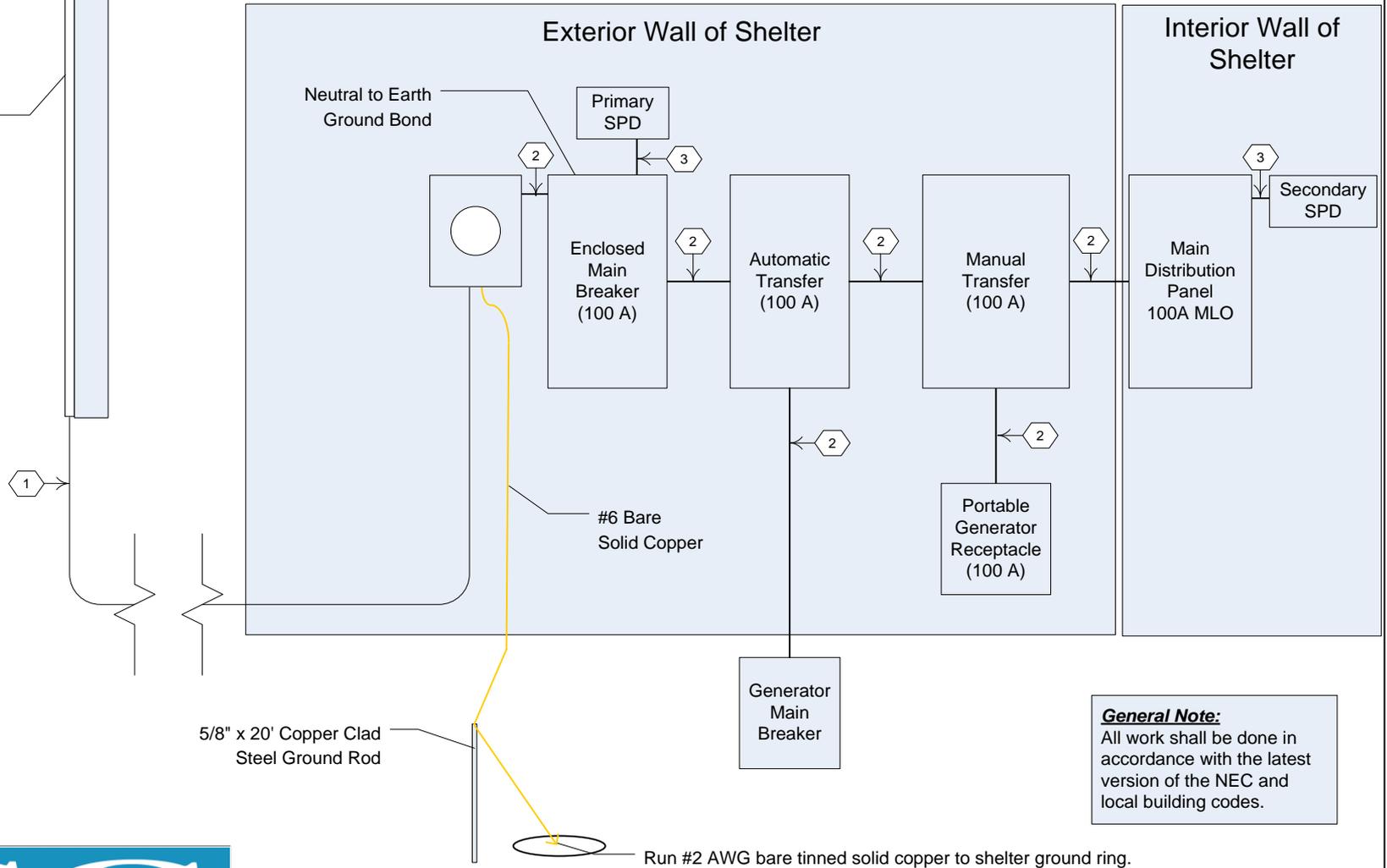
New overhead utility pole (provided by others) will be with-in 25-feet of the new fenced compound with the exception of the Deep Creek site which will require 225-feet of underground conduit.

① (1) 2 1/2" Conduit Riser

② (3) #2 (1) #6

③ (3) #6 (1) #8

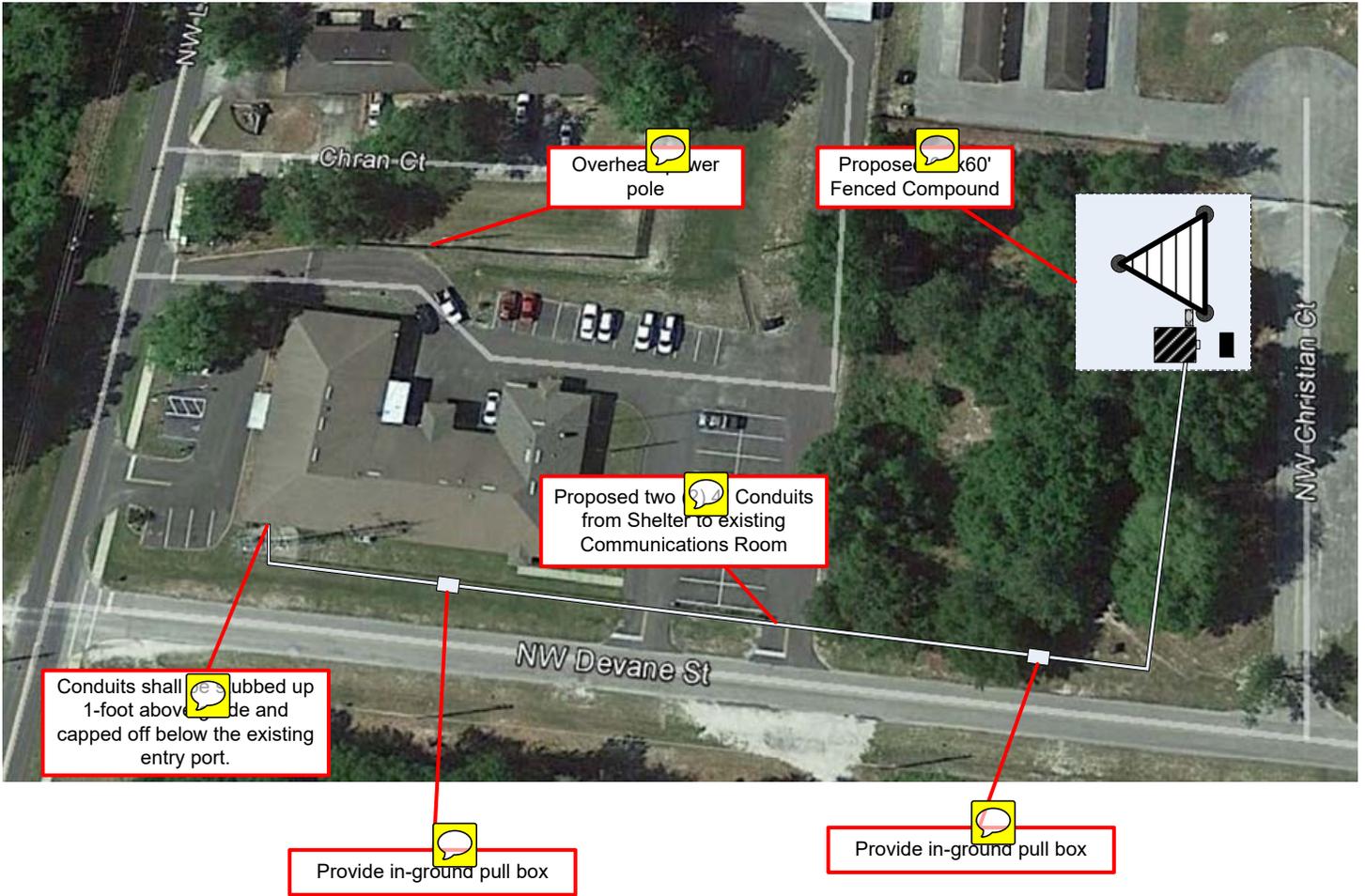
Awarded Proposer to provide conduit with a pull string per utility specifications. Utility Company will provide wire to the meter socket

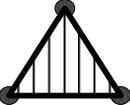


**General Note:**  
All work shall be done in accordance with the latest version of the NEC and local building codes.



|       |                  |                          |               |        |
|-------|------------------|--------------------------|---------------|--------|
| SIZE  | Last Date Edited | Drawing Title            |               | REV    |
| 1     | 9/14/2016        | Typical Electrical Riser |               | 0      |
| SCALE | N/A              | DWG #                    | Riser Diagram | PAGE 6 |

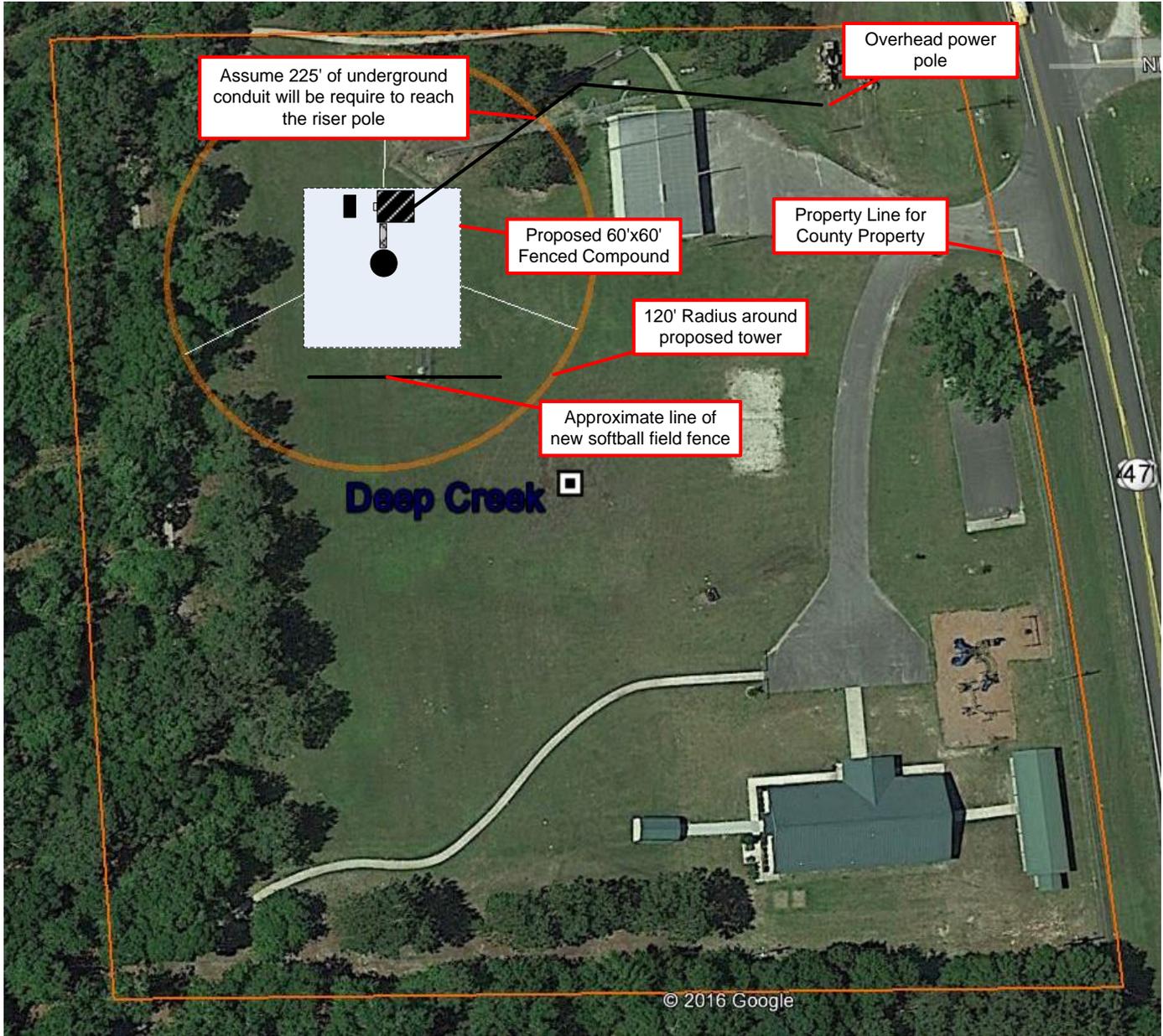


|                                                                                     |                                                         |                                                                                     |                                                         |
|-------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------|
|  | New 300' self-supporting tower per specifications       |  | New 12' x 12' communications shelter per specifications |
|  | New waveguide ice bridge as required per specifications |  | New diesel generator per specifications                 |



|       |                  |                            |             |        |
|-------|------------------|----------------------------|-------------|--------|
| SIZE  | Last Date Edited | Drawing Title              |             | REV    |
| 1     | 9/14/2016        | Conceptual Site Layout EOC |             | 1      |
| SCALE | N/A              | DWG #                      | Site Layout | PAGE 2 |

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|   |                                                         |   |                                                         |
|---|---------------------------------------------------------|---|---------------------------------------------------------|
| ● | New 300' guyed tower per specifications                 | ▨ | New 12' x 12' communications shelter per specifications |
| — | New waveguide ice bridge as required per specifications | ■ | New diesel generator per specifications                 |