

1205

Addition

4421
KIRONG APPLICATION

Columbia County Remodel Permit Application

For Office Use Only Application # 1709-50 Date Received 9/21 By JW Permit # 35954
Zoning Official THMS Date 10-25-17 Flood Zone X Land Use A Zoning A-3
FEMA Map # _____ Elevation _____ MFE 1 above River Plans Examiner JK Date 10-25-17
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 ☒ App Fee Paid
☒ Site Plan ☒ Env. Health Approval 17-0660 ☒ Sub VF Form ☒ Haddox - LAB

Applicant (Who will sign/pickup the permit) Mark Haddox Fax _____ Phone 386-755-2411
Address 6555 old wife rd POB 1755, LAKE CITY, FL 32056
Owners Name Patricia Bryant Phone 386-497-3523
911 Address 6555 old wife rd 11 WHITE, FL 32038
Contractors Name Mark Haddox Phone 386-755-2411
Address PO Box 1255 L.C. FL 32056
Contractor Email mhaddox@bellsouth.net ***Include to get updates on this job.

Fee Simple Owner Name & Address _____
Bonding Co. Name & Address _____
Architect/Engineer Name & Address MARK DISOSWAY, PE
Mortgage Lenders Name & Address 163 SW MIDTOWN PL, LAKE CITY, FL 32003

Circle the correct power company ☒ FL Power & Light ☐ Clay Elec. ☐ Suwannee Valley Elec. ☐ Duke Energy
Property ID Number 11-65-16-03816-112 Estimated Construction Cost \$75,000.00
Subdivision Name SOUTH CROSSROADS UNLREC Lot 22 Block _____ Unit _____ Phase _____

Driving Directions from a Major Road South on SR 47 to
Harlow (left) to old wife rd (Rt)
to property on left 6'12

Construction of Form addition Commercial OR ☒ Residential
Type of Structure (House; Mobile Home; Garage; Exon) House
Use/Occupancy of the building now yes Is this changing no

If Yes, Explain, Proposed Use/Occupancy _____
Is the building Fire Sprinkled? no If Yes, blueprints included _____ Or Explain 14 X 24
Entrance Changes (Ingress/Egress) no If Yes, Explain 336 sq ft

Zoning Applications applied for (Site & Development Plan, Special Exception, etc.) 20 X 24 = 480 sq ft
spoke w/ MARK in Person 10.25.17 (LAB # 816)
JW LEFT MS 10.27.17 w/ JW spoke w/ MARK 10.27.17 - TC/JW
Page 1 of 2 (Both Pages must be submitted together.) Revised 7-1-15

Columbia County Building Permit Application

CODE: Florida Building Code 2014 and the 2011 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.

Patricia Bryant
Print Owners Name

[Signature]
Owners Signature

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

****If this is an Owner Builder Permit Application then, ONLY the owner can sign the building permit when it is 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

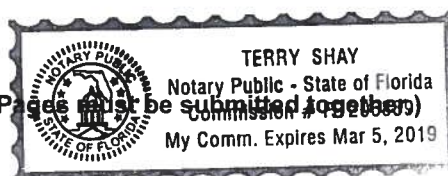
Contractor's License Number CRC 1329442
Columbia County
Competency Card Number 585

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 4th day of August 2017.

Personally known [Signature] or Produced Identification FLDL

[Signature]
State of Florida Notary Signature (For the Contractor)

SEAL:



NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

11-6s-16-03816-222

Clerk's Office Stamp

Inst: 201712020282 Date: 11/06/2017 Time: 3:30PM
Page 1 of 1 B: 1347 P: 1002, P. DeWitt Cason, Clerk of Court
Columbia, County, By: BS
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):
a) Street (job) Address: 6555 SW Old Wire Rd. Ft. White, Fl. 32038
2. General description of improvements: room enlargement and car port
3. Owner Information or Lessee information if the Lessee contracted for the improvements:
a) Name and address: Rufus & Patricia Bryant 6555 SW Old Wire Rd. Ft. White Fl
b) Name and address of fee simple titleholder (if other than owner) _____
c) Interest in property _____
4. Contractor Information
a) Name and address: Woodman Park Blders. 4818 Hyway 90 L.C. Fl.
b) Telephone No.: 386-755-2411
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

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

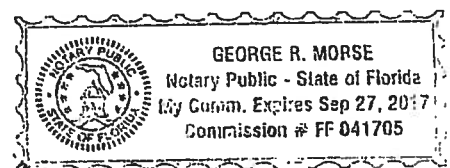
Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this 7 day of Aug, 2017, by:
Patricia Bryant as OWNER for _____
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)

Personally Known _____ OR Produced Identification FL IDL Type _____

Notary Signature [Signature]

Notary Stamp or Seal:



SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 1709-50 JOB NAME BRYANT

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 _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	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 _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	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: _____ CC# _____ 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 checked="" type="checkbox"/>	Print Name <u>Mark Haddock</u> Signature <u>[Signature]</u> Company Name: <u>Woodmen Park Homes</u> CC# <u>585</u> License #: <u>CR 1329442</u> Phone #: <u>386-755-2411</u>	Need <input checked="" type="checkbox"/> Lic <input checked="" 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: _____ CC# _____ 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: _____ CC# _____ 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: _____ CC# _____ 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 <u>Scott Reeves</u> Signature <u>[Signature]</u> Company Name: <u>Bestway Concrete</u> CC# _____ License #: <u>1379</u> Phone #: <u>386-288-6593</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

Halls A/C

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT #

1709-56

JOB NAME

Bryant

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 _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	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 checked="" type="checkbox"/>	Print Name <u>David Hall</u> Signature <u>[Signature]</u> Company Name: <u>David Hall's, Inc.</u> CC# <u>568</u> License #: <u>CAC057424</u> Phone #: <u>(386) 755-9792</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: _____ CC# _____ 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 _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	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: _____ CC# _____ 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: _____ CC# _____ 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: _____ CC# _____ 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: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 1709.50 JOB NAME BRYANT

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 _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	<u>Need</u> <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 _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input checked="" type="checkbox"/> <u>795</u>	Print Name <u>Mark Dawson</u> Signature <u>Mark Dawson</u> Company Name: <u>Paradise Plumbing Services LLC</u> CC# <u>795</u> License #: <u>CFC-1427245</u> Phone #: <u>386-288-6407</u>	<u>Need</u> <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 _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	<u>Need</u> <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: _____ CC# _____ License #: _____ Phone #: _____	<u>Need</u> <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: _____ CC# _____ License #: _____ Phone #: _____	<u>Need</u> <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: _____ CC# _____ License #: _____ Phone #: _____	<u>Need</u> <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: _____ CC# _____ License #: _____ Phone #: _____	<u>Need</u> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 1709-56 JOB NAME Bryant

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>

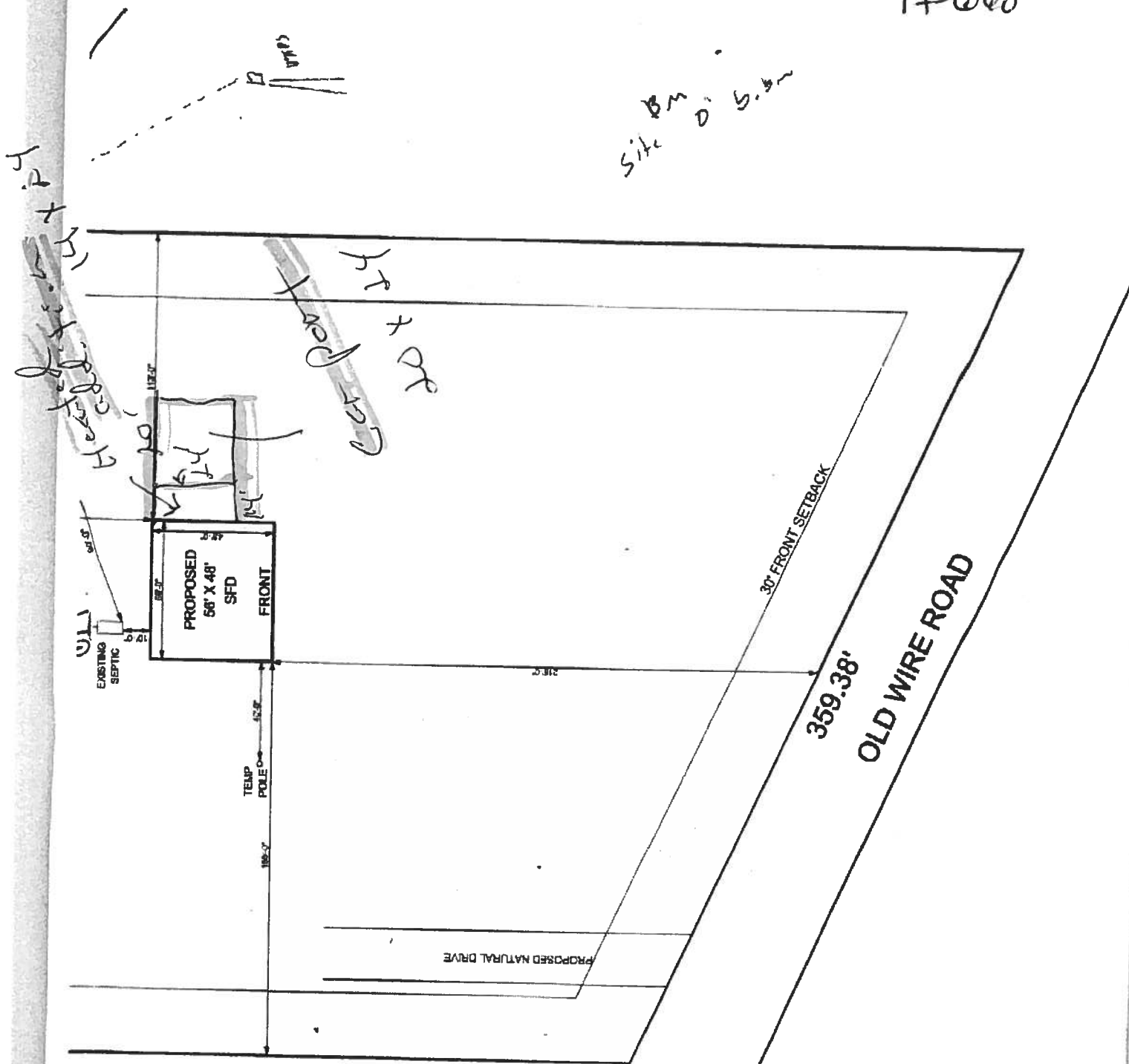
NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

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

ELECTRICAL <input checked="" type="checkbox"/>	Print Name <u>Ryan Felknor</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>1057</u>	Company Name: <u>Felknor Electric Inc</u> License #: <u>Ec13003153</u> Phone #: <u>352-318-8796</u>	
MECHANICAL/A/C <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
PLUMBING/GAS <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	

17660

BM D 5.5m
Site



Chubasco (2011)

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 17-0600

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.

See
Attached

Notes: _____

Site Plan submitted by: _____

Plan Approved ☒ Not Approved ☐ Date _____

By *[Signature]* County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 17-06660
DATE PAID: 10/18/17
FEE PAID: 60.00
RECEIPT #: _____

APPLICATION FOR:

☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐ _____

APPLICANT: Rufus + Patricia Bryant

AGENT: Mark Haddox - Woodman Park Bldg TELEPHONE: 386-75524

MAILING ADDRESS: PO Box 1755 Lake City, FL 32054

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 2 BLOCK: _____ SUBDIVISION: Cross Roads U-1 PLATTED: 93

PROPERTY ID #: 11-65-16-03816-111 ZONING: AS I/M OR EQUIVALENT: ☐ Y / ☐ N

PROPERTY SIZE: 5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 6555 SW Old Wire Rd

DIRECTIONS TO PROPERTY: South on 47 to Herlong (left)
to old wire Rd (Right) to property on
left

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>Residence</u>	<u>4</u>	<u>1152</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature] DATE: 10/18/17

Columbia County Property Appraiser

updated: 10/27/2017

2017 Tax Year**Parcel:** 11-6S-16-03816-222

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

2017 TRIM (pdf)

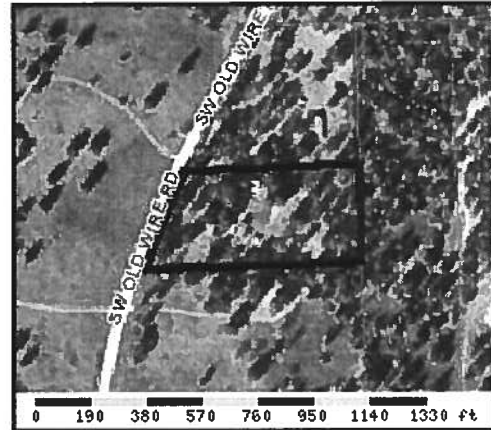
Interactive GIS Map

Print

Search Result: 1 of 1

Owner & Property Info

Owner's Name	BRYANT RUFUS M & PATRICIA A		
Mailing Address	6555 SW OLD WIRE RD FT WHITE, FL 32038		
Site Address	6555 SW OLD WIRE RD		
Use Desc. (code)	SINGLE FAM (000100)		
Tax District	3 (County)	Neighborhood	11616
Land Area	4.680 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
COMM SW COR OF NE1/4 OF SE1/4, SAID PT BEING ON C/L OF A 60 FT EASEMENT, RUN E ALONG C/L 55.35 FT, N 526.91 FT FOR POB, RUN W 745.41 FT TO E R/W OLD WIRE RD, NE'LY ALONG R/W 359 FT, E 592.72 FT, S 324.61 FT TO POB. (AKA PRCL 22-SOUTH CROSS ROADS S/D UNREC) ORB 852-37, 895-2099, WD 1161- 2625 & EX CO RD R/W TAKEN PRCL #92 AS DESC ORB 1289-2757.			

**Property & Assessment Values**

2017 Certified Values		
Mkt Land Value	cnt: (0)	\$25,266.00
Ag Land Value	cnt: (1)	\$0.00
Building Value	cnt: (1)	\$65,643.00
XFOB Value	cnt: (7)	\$5,118.00
Total Appraised Value		\$96,027.00
Just Value		\$96,027.00
Class Value		\$0.00
Assessed Value		\$96,027.00
Exempt Value	(code: HX H3 13)	\$96,027.00
Total Taxable Value	Cnty: \$0 Other: \$0 Schl: \$0	

2018 Working Values (Hide Values)		
Mkt Land Value	cnt: (0)	\$27,793.00
Ag Land Value	cnt: (1)	\$0.00
Building Value	cnt: (1)	\$67,258.00
XFOB Value	cnt: (7)	\$5,118.00
Total Appraised Value		\$100,169.00
Just Value		\$100,169.00
Class Value		\$0.00
Assessed Value		\$98,908.00
Exempt Value	(code: HX H3 13)	\$98,908.00
Total Taxable Value	Cnty: \$0 Other: \$0 Schl: \$0	

NOTE: 2018 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
11/6/2008	1161/2625	WD	V	U	01	\$0.00
10/25/2004	1043/103	AG	V	U	01	\$36,900.00
1/21/2000	895/2099	QC	V	U	01	\$9,900.00
1/13/1998	852/37	WD	V	Q		\$16,500.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	2009	(31)	1152	1296	\$67,258.00
Note: All S.F. calculations are based on exterior building dimensions.						

N



old wire Rd

Columbia County Property Appraiser

Jeff Hampton - Lake City, Florida 32055 | 386-758-1083

PARCEL: 11-6S-16-03816-222 - SINGLE FAM (000100)

COMM SW COR OF NE1/4 OF SE1/4, SAID PT BEING ON C/L OF A 60 FT EASEMENT, RUN E ALONG C/L 55.35 FT, N 526.91 FT FOR POB, RUN W 745.41 FT TO E/RW OLD W

Name: BRYANT RUFUS M & PATRICIA A				2016 Certified Values	
Site: 6555 SW OLD WIRE RD		Land		\$25,266.00	
Mail: 6555 SW OLD WIRE RD FT WHITE, FL 32038		Bldg		\$65,897.00	
		Assd		\$95,411.00	
Sales: 11/6/2008	\$0.00	V / U		Exmpt	\$50,000.00
Info: 10/25/2004	\$36,900.00	V / U		Only: \$45,411	
		Taxbl		Other: \$45,411	Schl: \$70,411

MAIL ROOM/13

2017 MAR -6 AM 10:36

RECEIVED YARD
ST PETERSBURG 1317

Handwritten signature: Mary Henry
Handwritten text: 2017

2017 17