

DATE 12/04/2009

Columbia County Building Permit
This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000028247

APPLICANT MARK THOMAS PHONE 904-669-3126
ADDRESS 10803 JD SMITH TRAIL GLEN ST. MARY FL 32040
OWNER SAMMIE ASHLEY PHONE 758-4263
ADDRESS 487 SE GOLF CLUB AVE LAKE CITY FL 32055
CONTRACTOR MARK THOMAS PHONE 904-669-3126
LOCATION OF PROPERTY BAYA AVE E, R GOLF CLUB AVE, ON THE RIGHT AT THE CORNER OF
GOLF CLUB AND TRIBBLE STREET
TYPE DEVELOPMENT REMODEL SFD ESTIMATED COST OF CONSTRUCTION 6975.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES 1
FOUNDATION WALLS ROOF PITCH 4/12 FLOOR
LAND USE & ZONING MAX. HEIGHT 35
Minimum Set Back Requirments: STREET-FRONT REAR SIDE
NO. EX.D.U. 1 FLOOD ZONE NA DEVELOPMENT PERMIT NO.

PARCEL ID 34-3S-17-07132-000 SUBDIVISION COUNTRY CLUB ESTATES REPLAT
LOT 5 BLOCK 3 PHASE UNIT TOTAL ACRES

CGC1508542 X Mark Thomas
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING X09-0375 LH HD Y
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: NOC ON FILE

SEE VERIFICATION FORM FOR ROOFING CONTRATOR INFO.

Check # or Cash 1081

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 Insulation
 date/app. by date/app. by
Rough-in plumbing above slab and below wood floor Electrical rough-in
 date/app. by date/app. by
Heat & Air Duct Peri. beam (Lintel) Pool
 date/app. by date/app. by date/app. by
Permanent power C.O. Final Culvert
 date/app. by date/app. by date/app. by
Pump pole Utility Pole M/H tie downs, blocking, electricity and plumbing
 date/app. by date/app. by date/app. by
Reconnection RV Re-roof
 date/app. by date/app. by date/app. by

BUILDING PERMIT FEE \$ 35.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 0.00 ZONING CERT. FEE \$ FIRE FEE \$ 0.00 WASTE FEE \$
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ CULVERT FEE \$ TOTAL FEE 35.00
INSPECTORS OFFICE Lei Hodson CLERKS OFFICE CH

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."

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 THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

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

Columbia County Building Permit Application

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 such application has been pursued in good faith or a permit has been issued; except that the building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extension shall be requested in writing and justifiable cause demonstrated.

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 BUILDING PERMITEE: **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. It may be to your advantage to check and see if your property is encumbered by any restrictions.

(Owners Must Sign All Applications Before Permit Issuance.)

Owners Signature

****OWNER BUILDERS MUST PERSONALLY APPEAR AND SIGN THE BUILDING PERMIT.**

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.

Contractor's Signature (Permitee)

Contractor's License Number COC1508542
Columbia County
Competency Card Number _____

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 4 day of Dec 2009.

Personally known _____ or Produced Identification PLD

State of Florida Notary Signature (For the Contractor)

SEAL:



Columbia County Building Permit Application

For Office Use Only Application # 0912-04 Date Received 12-4-09 By LH Permit # 28247

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 ☐ Parent Parcel # _____

☐ Dev Permit # _____ ☐ In Floodway ☒ Letter of Auth. from Contractor ☒ F W Comp. letter

IMPACT FEES: EMS _____ Fire _____ Corr _____ Road/Code _____

School _____ = TOTAL _____

Septic Permit No. X09-0375 Fax 904-259-8152

Name Authorized Person Signing Permit MARK A. THOMAS Phone 904-669-3126

Address 10803 JD SMITH TRL GLEN ST. MARY, FL 32040

Owners Name SAMMIE ASHLEY Phone 758-4263

911 Address 487 SE GOLF CLUB AVE. LAKE CITY, FL 32055

Contractors Name THOMAS CONSTRUCTION SERVICES, INC. Phone 904-669-3126

Address 10803 JD SMITH TRL. GLEN ST. MARY, FL 32040

Fee Simple Owner Name & Address N/A

Bonding Co. Name & Address N/A

Architect/Engineer Name & Address N/A

Mortgage Lenders Name & Address N/A

Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progress Energy

Property ID Number 34-3S-17-07132-000 Estimated Cost of Construction 6975.00

Subdivision Name Country Club Est (Replat Lots) Lot 5 Block 3 Unit _____ Phase _____

Driving Directions Baya Ave East, @ SE Golf Club Ave on the right at the corner of Golf Club & Tribble Street

Number of Existing Dwellings on Property 1

Construction of Remodel Interior & Roof Total Acreage _____ Lot Size _____

Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive Total Building Height N/A

Actual Distance of Structure from Property Lines - Front _____ Side _____ Side _____ Rear _____

Number of Stories 1 Heated Floor Area _____ Total Floor Area _____ Roof Pitch 4/12

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.

SUBCONTRACTOR VERIFICATION FORM

0912-06
 APPLICATION NUMBER X09 0375 CONTRACTOR THOMAS CONST. PHONE 904-669-3126

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.

ELECTRICAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
MECHANICAL/ A/C _____	Print Name _____ License #: _____	Signature _____ Phone #: _____
PLUMBING/ GAS	Print Name _____ License #: _____	Signature _____ Phone #: _____
ROOFING X	Print Name <u>Carol Johnson</u> License #: <u>RC 0067406</u> <u>Comp Carol # 45</u>	Signature <u>Carol Johnson</u> Phone #: <u>755-2377</u>
SHEET METAL	Print Name _____ License #: _____	Signature _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ License #: _____	Signature _____ Phone #: _____
SOLAR	Print Name _____ License #: _____	Signature _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
X PAINTING	CC1508542	MARK A. THOMAS	MARK A. THOMAS
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
X FLOOR COVERING	CC1508542	MARK A. THOMAS	MARK A. THOMAS
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.

Prepared by:

Heritage Title Services of North Florida, Inc.
201 Parshley Street S.W.
Live Oak, Florida 32064

File Number: 09-0219

Inst. 200912018377 Date: 11/2/2009 Time: 2:59 PM
Doc Stamp-Deed 519.40
DC P DeWet Cason, Columbia County Page 1 of 1 B 1183 P. 1211

General Warranty Deed

Made this October 30, 2009 A.D. By **Keithon M. Lee, an unmarried man**, whose address is: 110 Camellia Circle, Flomaton, AL 36441, hereinafter called the grantor, to **Sammie David Ashley, an unmarried man**, whose post office address is: 487 S.E. Golf Club Avenue, Lake City, Florida 32025, hereinafter called the grantee:

(Whenever used herein the term "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

Witnesseth, that the grantor, for and in consideration of the sum of Ten Dollars, (\$10.00) and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in Columbia County, Florida, viz:

Lot 5, Block 3 of COUNTRY CLUB ESTATES "REPLAT", a subdivision, according to the Plat thereof as recorded in Plat Book 3, Page(s) 32, of the Public Records of Columbia County, Florida.

Parcel ID Number: R07132-000

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances except taxes accruing subsequent to December 31, 2009.

In Witness Whereof, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

Cheryl E. Beatty
Witness Printed Name: Cheryl E. Beatty

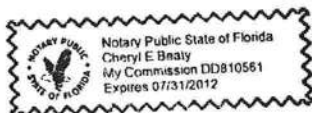
Brittany Shreckert
Witness Printed Name: Brittany Shreckert

State of Florida
County of Columbia

Keithon M. Lee (Seal)
Keithon M. Lee
Address: 110 Camellia Circle, Flomaton, AL 36441

____ (Seal)
Address:

The foregoing instrument was acknowledged before me this 30th day of October, 2009, by Keithon M. Lee, an unmarried man, who is/are personally known to me or who has produced Florida Driver License as identification.



Cheryl E. Beatty
Notary Public
Print Name: Cheryl E. Beatty
My Commission Expires: 7-31-2012

NOTICE OF COMMENCEMENT

County Clerk's Office Stamp or Seal

Tax Parcel Identification Number 34-35-17-07132-000

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): Country Club Estates Replat Lot 5 Blk 3
a) Street (job) Address: 487 SE Golf Club Ave, Lake City FL 32055
2. General description of improvements: RE-ROOF, PAINT & FLOORING
3. Owner Information
a) Name and address: Sammie Ashley 487 SE Golf Club Ave, Lake City, FL 32055
b) Name and address of fee simple titleholder (if other than owner) N/A
c) Interest in property Owner
4. Contractor Information
a) Name and address: THOMAS CONST. SERVICES, INC. 10803 JD SMITH TRL. CRESTVIEW, FL 32636
b) Telephone No.: 904-669-3126 Fax No. (Opt.) _____
5. Surety Information
a) Name and address: N/A
b) Amount of Bond: _____
c) Telephone No.: _____ Fax No. (Opt.) _____
6. Lender
a) Name and address: N/A
b) Phone No.: _____
7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served:
a) Name and address: _____
b) Telephone No.: _____ Fax No. (Opt.) _____
8. In addition to himself, 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 and address: _____
b) Telephone No.: _____ Fax No. (Opt.) _____
9. Expiration date of Notice of Commencement (the expiration date is one 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

x 10 Sammie Ashley
Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
Sammie Ashley
Print Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 4 day of December, 2009, by:
Sammie Ashley as Owner (type of authority, e.g. officer, trustee, attorney
fact) for Owner / Self (name of party on behalf of whom instrument was executed).

Personally Known _____ OR Produced Identification ✓ Type FL DL

Notary Signature Laurie Hodson Notary Stamp or Seal:



11. Verification pursuant to Section 92.525, Florida Statutes, Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

f Sammie Ashley
Signature of Natural Person Signing (in line #10 above.)



Columbia County

BUILDING DEPARTMENT

Re Roof of a Single Family Dwelling

Inspection Affidavit

RE: Permit # 28247

I RCRA Johnson Roofing, licensed as a(n) Contractor* /Engineer/Architect,
(please print name and circle Lic. Type) FS 468 Building Inspector*

License #: RC-0076406

On or about 12-04-09, I did personally inspect the roof
(Date & time)

deck nailing and/or secondary water barrier work at 487 SE Golf Club Ave.
(circle one) (Job Site Address)

Lake city, FL 32055

Based upon that examination I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S.)

Carol Johnson
Signature

STATE OF FLORIDA
COUNTY OF

Sworn to and subscribed before me this 4 day of December, 2009

By Carol Johnson

Notary Public, State of Florida

Laurie Hodson
(Print, type or stamp name)

Commissioner



Personally known ☒ or

Produced Identification ☐

Type of identification produced. _____

* General, Building, Residential, or Roofing Contractor or any individual certified under 468 F.S. to make such an inspection.

* Include photographs of each plane of the roof with the permit # or address # clearly shown marked on the deck for each inspection.