

## COLUMBIA COUNTY S.H.I.P. PROGRAM

## WORK WRITE-UP BID FORM

WALK THRU MAY 2, 2014

BIDS DUE MAY 9, 2014 12:00 pm


OWNER: Janie KellyJOB ADDRESS: 417 NE Okinawa Street  
Lake City, FL 32055PHONE: 386-623-9049

JOB #: \_\_\_\_\_

**HOMES BUILT PRIOR TO 1978 MAY CONTAIN LEAD-BASED PAINT**

ITEM #	DESCRIPTION OF WORK	MATERIALS	LABOR
<u>1</u>	<u>Re-roof</u>	<u>2800.<sup>00</sup></u>	<u>2400.<sup>00</sup></u>
<u>2</u>	<u>Ceiling repair - change out sheetrock &amp; insulation &amp; paint</u>	<u>300.<sup>00</sup></u>	<u>300.<sup>00</sup></u>
<u>3</u>	_____	_____	_____
<u>4</u>	_____	_____	_____
<u>5</u>	_____	_____	_____
<u>6</u>	_____	_____	_____
<u>7</u>	_____	_____	_____
<u>8</u>	_____	_____	_____
TOTAL MATERIALS & LABOR		<u>3100.<sup>00</sup></u>	<u>2700.<sup>00</sup></u>

TOTAL BID

5800.<sup>00</sup>  
Contractor's Signature

Notice of Commencement Form  
Columbia County, Florida

\*\*\*THIS DOCUMENT MUST BE RECORDED AT THE  
COUNTY CLERKS OFFICE BEFORE YOUR FIRST  
INSPECTION\*\*\*

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

Tax Parcel ID Number: 26.08-17-05571-002

Description of property: (legal description of the property and street address or 911 address)

417 NE Okinawa St Lake City, FL 32805

2. General description of improvement: SHIP ROOF - CEILING REPAIR

3. Owner Name & Address: Janie Kelly 417 NE Okinawa St. Lake City, 32805  
Interest in Property 00 Owner X

4. Name & Address of Fee Simple Owner (if other than owner): Da

5. Contractor Name: Mr. Plaster Craft Inc. Phone Number: 904.281.7081

Address: 804 W Brauer St Jacksonville 32220

6. Surety Holders Name: Da Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Amount of Bond: Da

7. Lender Name: \_\_\_\_\_

Inst. 201412008365 Date 6/4/2014 Time 10:36 AM  
DC, P DeWitt Cason, Columbia County Page 1 of 1 B 1275 P 1699

Address: \_\_\_\_\_

8. Persons within the State of Florida designated by the Owner upon whom notices or other documents may be served as provided in Section 718.13 (1)(a) 7: Florida Statutes

Name: D.R.C. Inc. Phone Number: \_\_\_\_\_

Address: P.O. Box 70 Live Oak FL 32060

9. In addition to himself/herself the owner designates \_\_\_\_\_  
of \_\_\_\_\_ to receive a copy of the Lender's Notice as provided in Section 713.13 (1)-  
(a) 7. Phone number of designee: \_\_\_\_\_

10. Expiration date of the Notice of Commencement (the expiration date is 1 (one) year from date of recording. Unless a different date is specified) Da

NOTICE AS PER CHAPTER 713, FLORIDA STATUTES

The Owner must sign the Notice of Commencement and no one else may be permitted to sign in his/her stead:

Sworn to (or affirmed) and subscribed before me

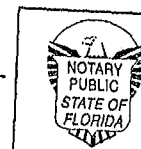
this 28 day of May 2014

Janie B. Kelly  
Signature of Owner

NOTARY STAMP/SEAL

Matthew L. PEARSON

Signature of Notary



MATTHEW L. PEARSON  
COMMISSION # EE150  
EXPIRES JAN 22 2014  
BONDED THROUGH  
RLI INSURANCE COMPANY