	County Building Permit PERMIT
APPLICANT W. CURTIS WALDREP	Expires One Year From the Date of Issue 0000025413  PHONE 352.494.2335
ADDRESS POB 1232	HIGH SPRINGS FL 32655
OWNER TERRY SHIVER	PHONE 386.755.0055
ADDRESS 2097 SW SR 247	LAKE CITY FL 32024
CONTRACTOR WALLACE POWELL	PHONE
	47.TL AND GO 2.6 MILES TO PROPERTY ON L.
RED BRICK H	
TYPE DEVELOPMENT REROOF/SFD	ESTIMATED COST OF CONSTRUCTION 9860.00
HEATED FLOOR AREA	
-	ROOF PITCH FLOOR
LAND USE & ZONING	MAX, HEIGHT
Minimum Set Back Requirments: STREET-FROM	NT REAR SIDE
NO. EX.D.U. i FLOOD ZONE	DEVELOPMENT PERMIT NO.
PARCEL ID 11-4S-16-02908-000	SUBDIVISION
LOT BLOCK PHASE	UNIT TOTAL ACRES
	1 - 1/1 - 1/
	CC057307 William Couldy
	ctor's License Number Applicant/Owner/Contractor
FDOT-EXISTING X-07-034	JLW N
Driveway Connection Septic Tank Number	LU & Zoning checked by Approved for Issuance New Resident
COMMENTS: NOC ON FILE.	
	Check # or Cash 1630
FOR BUILD	ING & ZONING DEPARTMENT ONLY
	ING & ZONING DEPARTMENT ONLY  (footer/Slab)  Toundation Monolithic
Temporary Power date/app. by	Foundation Monolithic date/app. by (footer/Slab)
Temporary Power date/app. by  Under slab rough-in plumbing	Foundation Monolithic date/app. by  Slab Sheathing/Nailing
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PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

This Permit Must Be Prominently Posted on Premises During Construction
PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER
THAT IT MAY BE MADE WITHOUT DELAY OR INCONVIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK
AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

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

For Office Use Only Application # 0701-60 Date	Received 1/16 By Permit # 25413
Application Approved by - Zoning Official Date	e Plans Examiner Date
Flood Zone Development Permit Zoni	ng Land Use Plan Map Category
Comments	
Applicants Name William CWAldrep	Phone 352-494-23
Address _ P.O. Box 1232 High SpRin	165 FL 32655
TERRY SHOWN	Ohana DEE ADEE
911 Address 2097 5 W 5R 247	CALLECUTY FLA 32024
Contractors Name POWEU ROOKAL IN	Sc Phone 386 - 294 - 1755
Address P-O. Box 1422 MAyo	
Fee Simple Owner Name & Address	
Bonding Co. Name & Address	
Architect/Engineer Name & Address	
Mortgage Lenders Name & Address MA	900
Circle the correct power company - FL Power & Light - C	ilay Elec. – <u>Suwannee Valley Elec.</u> – <u>Progressive Energ</u>
Property ID Number 11-45-16-02908-000	Estimated Cost of Construction 9,860
Subdivision Name	Lot Block Unit Phase
Driving Directions Se 247.5 off 90.4	ITL, GO 26 Miles + 16
property is on theh.	
Type of Construction REROOF - SFD	Number of Existing Dwellings on Property
Total AcreageLot Size Do you need a - <u>C</u>	ulvert Permit or Culvert Walver or Have an Existing Driv
Actual Distance of Structure from Property Lines - Front	
Total Building Height Number of Stories	Heated Floor Area Roof Pitch
Application is hereby made to obtain a permit to do work an installation has commenced prior to the issuance of a permit all laws regulating construction in this jurisdiction.	
OWNERS AFFIDAVIT: I hereby certify that all the foregoing in compliance with all applicable laws and regulating construct	
WARNING TO OWNER: YOUR FAILURE TO RECORD A NOT TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE.	INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR
Owner Builder or Agent (Including Contractor)	Contractor Signature Contractors License Number (2 - 25730)
STATE OF FLORIDA	Competency Card Number Notary Public State of Florida
COUNTY OF COLUMBIA	NOTARY STAMP SEAM & Marta J Morabito
Sworn to (or affirmed) and subscribed before me	My Commission DD483368 Fixpires 10/19/2009
this 16th day of murry 2007.	planta J. Molabito
Personally known or Produced Identification	Notary Signature

# LIMITED POWER OF ATTORNEY

I, Wallace Powell, do hereby authorize WATORS, to
be my representative and act on my behalf in all aspects of applying for a
permit to be placed on property described as:
Sec
Tax Parcel No. 02908-000 in Cocumbia County
County, Florida. 1987 S W 247 PS  LAKE CITY, 54 32024
(Owner/Signature)
1/16/07
(Date)
SWORN TO AND SUBSCRIBED before me this day of <u>Sec.</u> , 2006.  Marka J. Markits
Notary Public  Notary Public State of Florida Marta J Morabito My Commission DD483568 Expires 10/19/2009
My Commission Expires:  Commission No.:  Personally Known:  Produced ID (Type)

## **POWELL ROOFING**

P.O. BOX 1422 • MAYO, FL 32066

OFFICE: 386-294-1755 • FAX: 386-294-3769

STATE LIC. # CC-C057307

## INVOICE

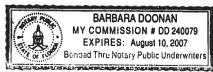
DATE	INVOICE #
1-16-07	10712

BILL TO:	
BILL TO:	
NE, TERRY	DHIVER

SHIP TO: 2097 SW SR-247 LAKE CITY, FL

P.O. #	TERMS	REP	SHIP	VIA	PROJECT	
QUANTITY	ITEM		DESCRIPTION	 	PRICE	AMOUNT
		30 4 WEA. 1st 1 26 Ru Fult 54001	RE DO RE AR THERM LA SOYN N C STARTER S OF EN	1008 due = 305 dk 54, N	10,150.00	
7						
LEASE	E MAK	Ce PHEC Roofine	ox PAU	IABLE	ado-	
- 11	1	10 0	///		TOTAL 5,0	

	DESCRIPT	TION OF PROPERTY	7
SECTION: //			
LOT:	BLOCK:	SUBDIVISION:	TAX PARCEL #: 0.908-600
PLATBOOK #:	y to P. T.	MAP PAGE #:	
	Son Alt	Achment A an	hack
***************************************		IPTION OF IMPROV	
TO CONSTRUCT:	Re Roof	II TION OF IMITEO	ENVIENT I
	OWNEI	R INFORMATION	
NAME: 15 RRU	D. Shiver	PHON	ENUMBER: 386-75500.55
ADDRESS: 2097	SW State RD 2	47 CITY:	ENUMBER: 386-7550055 Lake Gtg, 78. 32027
STATE: There	DIP CODE: 3 ZezyII	NTEREST IN PROPER	TY: Owner
FEE SIMPLE TITLEH	OLDER NAME (OTHER T	HAN OWNER):	
FEE SIMPLE TITLEH			,
CONTRACTOR NAM	E. Down	Allaca Power PHON	E NUMBER: 386 -294 - 1755
COMPANY NAME:	Powell Koofing	FA'	X NUMBER: \$
ADDRESS PO BOX	1421	CITY: MAIL	X NUMBER: 3 STATE: FL ZIP 33066
	1-10-6-		31112./22 211 99000
BONDING COMPAN	<b>Y</b> :	PHON	E NUMBER:
ADDRESS.		FA	X NUMBER:
CITY:		STATE	ZIP CODE:
O11 1.			
LENDER NAME:			IUMBER
ADDRESS. Inst	:2007001109 Date:01/16/2007 T	ime: 15:03	IUMBER:
CITY:	DC,P.DeWitt Cason, Col	umbla county Billor Fize	ZIP CODE:
<u> </u>	and the same of th		
Persons within the State	of Florida designated by owner a	mon whom notices or other	r documents may be served as provided by
Section 713.13(1)(a), Flo		spon whom houses of our	a documents may be solved as provided by
NAME:		ADDRESS	
CITY:		STATE:	ZIP CODE:
In addition to himself, the	e owner designates		of
to receive a copy of the L	ienor's notice as provided in Sec	ction 713.13(1)(b), Florida	Statutes.
***************************************			
Expiration date of Notice of	of Commencement (the expiration	date is one (1) year from the	he date of recording unless a different date
is specified):			-
SIGNATURE OF OWN	VER: Pry &	) lives	· ·
C 40 and	before me this q the	. 7	22 17
Sworn to and subscribed	before me this day o	or appropriate	, 20 0 7 .
Known personally/10 sho	wn	Notary:	Bala Dagux
		BARBARA DOONAN	



Affatrant A

@ CAM112M01 S CamaUSA Appraisal S 1/16/2007 15:48 Legal Description M Year T Property 2007 R 11-4S-16-02908-000	faintenance Sel TY	16000	Lumbia Land AG Bldg Xfea TOTAL	County 001 000 001 003 B*
1 COMM NW COR OF SE1/4 OF NW1/4,	RUN S 811 25 FT TO S R	/W	7	
3 SR-247, NE'LY ALONG R/W 132.23			1	
5 SE 210 FT, SW'LY ALONG R/W	SR-247 206 FT NW'LY 2	10 FT TO	) 6	
7 POB. ORB 477-118, 803-1853,	822-462	10 11 10	. 8	
9			10	
11			12	
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23			22	
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27			28	
	Mnt 5/22/19	96 TERR		

F1=Task F3=Exit F4=Prompt F10=GoTo PgUp/PgDn F24=More

Inst:2007001109 Date:01/16/2007 Time:15:03
\_\_\_\_\_\_DC,P.DeWitt Cason,Columbia County B:1107 P:2631







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3:25:42 PN

#### **■** Public Services

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Change My Address
View Messages
Change My PIN
View Continuing Ed



Term Glossary



Online Help

#### Licensee Details

### **Licensee Information**

Name: POWELL, WALLACE WILLIAM (Primary Name

**POWELL ROOFING INC (DBA Name)** 

Main Address: PO BOX 366

MAYO Florida 32066

County: LAFAYETT

License Mailing:

LicenseLocation:

#### **License Information**

License Type: Certified Roofing Contractor

Rank: Cert Roofing

License Number: CCC057307
Status: Current, Active

Licensure Date: 10/04/1995
Expires: 08/31/2008

Special Qualification Effective

Qualifications
Qualified Business
License Required

02/20/2004

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