DATE 68/22/2007 Columbia County	Bullding Permit	PERMIT
This Permit Expires One Y APPLICANT CHRISTRAVIS		000026157
ADDRESS 323 S MARION AVENUE	LAKE CITY	FL 32055
OWNER SUZANNA JAMES	PHONE 386-752-9461	
ADDRESS 1099 NW FRONTIER DRIVE	LAKE CITY	FL 32025
CONTRACTOR MICHAEL PARNELL	PHONE 386-755-7878	
LOCATION OF PROPERTY 90-W TO COMMERCE,TR TO I	EGRET,TR TO HARRIS LAKE,TL TO	
FRONTIER DRIVE,TR AND TH	IE PROPERTY IS ON THE L.	
TYPE DEVELOPMENT REROOF/SFD ES	STIMATED COST OF CONSTRUCTION	9200.00
HEATED FLOOR AREA TOTAL AR	EA HEIGHT _	STORIES
FOUNDATION WALLS	ROOF PITCHFL	OOR
LAND USE & ZONING	MAX. HEIGHT	
Minimum Set Back Requirments: STREET-FRONT	REAR	SIDE
NO. EX.D.U. 1 FLOOD ZONE	DEVELOPMENT PERMIT NO.	
PARCEL ID 05-4S-16-02777-112 SUBDIVISION	ON WOODGATE VILLAGE	2
LOT 12 BLOCK PHASE UNIT	2 TOTAL ACRES	
CCC1225944		
Culvert Permit No. Culvert Waiver Contractor's License Nu	mber Applicant/Owner/	Contractor
EXISTING X-07-332 JLW	Applicatio Owner	N
Driveway Connection Septic Tank Number LU & Zoni	ng checked by Approved for Issuance	e New Resident
COMMENTS: NOC ON FILE.		
COMMENTS: NOC ON FILE.		
COMMENTS: NOC ON FILE.	Check # or Ca	ash 7503
	Check # or Ca	
	 	ash 7503 (footer/Slab)
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Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab	Monolithicdate/app. by	(footer/Slab) date/app. by Nailing
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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.

This Permit Expires One Ye	
APPLICANT CHRIS TRAVIS	ear From the Date of Issue 000026157 PHONE 386-755-7878
ADDRESS 323 S MARION AVENUE	LAKE CITY FL 32055
OWNER SUZANNE JAMES	PHONE 386-752-9461
ADDRESS 1099 NW FRONTIER DRIVE	LAKE CITY FL 32025
CONTRACTOR MICHAEL PARNELL	PHONE <u>386-755-7878</u>
	GRET,TR TO HARRIS LAKE,TL TO
	IILE AND PROPERTY IS ON THE L.
TYPE DEVELOPMENT REROOF/SFD ES	TIMATED COST OF CONSTRUCTION 9200.00
HEATED FLOOR AREA TOTAL ARE	EA HEIGHT STORIES
FOUNDATION WALLS F	ROOF PITCH FLOOR
LAND USE & ZONING	MAX. HEIGHT
Minimum Set Back Requirments: STREET-FRONT	REAR SIDE
NO. EX.D.U. 1 FLOOD ZONE	DEVELOPMENT PERMIT NO.
PARCEL ID 26-3S-16-02308-098 SUBDIVISIO	N FAIRWAY VIEW
LOT 21 BLOCK PHASE UNIT	4 TOTAL ACRES 0.29
CCC1325866 Culvert Permit No. Culvert Waiver Contractor's License Num EXISTING X-07-332 JLW Driveway Connection Septic Tank Number LU & Zonin	Applicant/Owner/Contractor Ing checked by Approved for Issuance New Resident
COMMENTS: NOC ON FILE.	8
	2500
	Check # or Cash 7503
FOR BUILDING & ZONIN	IC DEPARTMENT ONLY
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APPLICANT CHRISTRAVIS	Year From the Date of Issue 000026157 PHONE 386-755-7878
ADDRESS 323 S MARION AVENUE	LAKE CITY FL 32055
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TYPE DEVELOPMENT REROOF/SFD F	ESTIMATED COST OF CONSTRUCTION 9200.00
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PARCEL ID 26-3S-16-02308-098 SUBDIVIS	ION FAIRWAY VIEW
LOT 21 BLOCK PHASE UNIT	4 TOTAL ACRES 0.29
·	Jumber Applicant/Owner/Contractor Number New Resident
COMMENTS: NOC ON FILE.	Check # or Cash 7503
	ING DEPARTMENT ONLY (footer/Slab)
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Columbia County Building Permit Application For Office Use Only Application # 6708 - 51 Date Received \$\frac{\grace{9}22}{22} By \frac{\frac{1}{20}}{20} Permit # \frac{26157}{20} Application Approved by - Zoning Official____ _____Plans Examiner_____ Date . Flood Zone _____ Development Permit ____ Zoning ____ Land Use Plan Map Category ___ Comments Name Authorized Person Signing Permit ______ C TRAUS Phone 755 1878 Address FOR 323 S. MARION AVE LAKE CITY FL 32025 Owners Name SUZANNE , IAMES _Phone 752 9461 911 Address 1099 NW FRONTIER DRIVE LAKE CIN FL 32055 Contractors Name MICHAEL PARVALL Phone 755 7878 Address 323 S. MARION AVE LAKE CTY FL Fee Simple Owner Name & Address, SUZANNE JAMES 1099 NW FRONTIER DR L.C. PC 3205 Bonding Co. Name & Address N/AArchitect/Engineer Name & Address A/A Mortgage Lenders Name & Address Name Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progressive Ener Property ID Number 26-35-16-02308-098 _____ Estimated Cost of Construction 9200 = Subdivision Name Failway ViEw ____Lot 21_Block___Unit 4_Phase__ Driving Directions US 90 W TO COMMPRCE R TO EGRET 14 ON the L Type of Construction SHINGLE RE-ROOF Number of Existing Dwellings on Property_ Total Acreage . 299 Lot Size . 299 AC Do you need a - <u>Culvert Permit</u> or <u>Culvert Walver</u> or <u>Have an Existing Di</u> Actual Distance of Structure from Property Lines - Front______ Side ______ Side _____ Rear Total Building Height Number of Stories ___ Heated Floor Area 1357___ Roof Pitch 5/12_ 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 c OWNERS AFFIDAVIT: I hereby certify that all the foregoing information is accurate and all work will be done in compliance with all applicable laws and regulating construction and zoning. WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. Owner Builder or Authorized Person by Notarized Letter Contractor Signature Contractors License Number CCC 1325866 STATE OF FLORIDA Competency Card Number N **COUNTY OF COLUMBIA** NO PARTIE AT LANGE AT Sworn to (or affirmed) and subscribed before me

2007

day of

Personally known or Produced Identification____

MY COMMISSION # DD 523783 EXPIRES: April 26, 2010

Bonded Thru Notary Public Underwrite

(Revised Sept. 200

Notary Signature

9736W

PRODUCT APPROVAL SPECIFICATION SHEET

s required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and approval strequired by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and approval umbers on the building components listed below if they will be utilized on the construction project for which you are applying umbers on the building components listed below if they will be utilized on the construction project for which you are applying at building permit. We recommend you contact your local product applier should online @ www.floridabuilding.org

building parmit. We reco	C Indiana	ewide approved products are listed online @ www.flo Product Description	Approval Number(a)
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The products listed below did not demonstrate product approducts, the following information must be available to the characteristics which the product was tested and certified in requirements. Further, I understand these products may he	s maps out on the post of the englastic manufactil	rere installation
	1 A in Dal Parell	8-22-07
	APPLICANT SIGNATURE	DATE

LETTER OF AUTHORIZATION

Date: 8.7.07
Columbia County Building Department P.O. Drawer 1529 Lake City, FL 32056
I MICHAEL PARNELL, License No. CCC /325866 do hereby
Authorize CHCIS TEARIS to pull and sign permits on my
behalf.
Sincerely, Miehal Whandl
Sworn to and subscribed before me this 7 day of August, 2007
Notary Public:
My commission expires:
Personally Known Personally Known AMING H. CROWETZ EXPIRES. April 26, 2010 Bonded Thru Notary Public Underwriters
Produced Valid Identification:
Pavinadi. 3/2006

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

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.;

Desc LOT 2. (Parcel ID Number: 26-3S-16-02-308-098 cription of property: (legal description of the property and street address or 911 address) C 21 FAIRWAY VIEW General description of improvement: COMPLETE SHINGLE REROOF Owner Name & Address: SUZANN & JAMES 1099 NW FRONTIER DRIVE, LAKE CITY, FL 32055 Interest in PropertyOwnerX	
3. 1 4.]	Name & Address of Fee Simple Owner (if other than owner):	
•••		
	Contractor Name: Michael W. Parnell Phone Number: 386-755-7878	
	Address: 323 S. Marion Avenue, Lake City, FL 32025	
6.	Surety Holders Name: Phone Number	
13	Address	
_ :	Amount of Bond	
7. I	Lender Name:Phone Number	Ad-
. (dress	. 1
	Persons within the State of Florida designated by the Owner upon whom notices or other documents may	be .
	served as provided by section 718.13(1)(a) 7; Florida Statutes:	
	Name: Phone Number	
	Address	
9.	In addition to himself/herself the owner designates to receive a copy of the Lenoir's Notice as provide	-,
(of:to receive a copy of the Lenoir's Notice as provide	d
in Se	ection 713.13 (1)-(a) 7. Phone Number of the designee Expiration date of the Notice of Commencement (the expiration date is 1 (one) year from the date of reco	
10.	Expiration date of the Notice of Commencement (the expiration date is 1 (one) year from the date of reco	ording,
	(Unless a different date is specified	
	TICE 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 23 day of Acquist 20 7	
Š	NOTARY STAMP/SEAL	
	SYBIL C. TRAVIS MY COMMISSION # DD 483031 EXPIRES: October 18, 2009 Bonded Thru Budget Notary Services Significant of Notary	201

PERSONALLY KNOWN

THIS NOC IS TO REPLACE NOC ON LOT12 WOODGATE VILLAGE DUE TO INCORRECT LEGAL DESCRIPTION. FILED ON AUGUST 22, 2007 INST 200712019043.