

DATE 04/28/2010

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT

000028514

APPLICANT TIM LEE PHONE 904.237.1758
ADDRESS 6772 ARCHING BRANCH CIRCLE JACKSONVILLE FL 32258
OWNER SAMANTHA OWENS PHONE _____
ADDRESS 475 SE HUBBLE STREET LAKE CITY FL 32025
CONTRACTOR TIM LEE PHONE 904.237.1758
LOCATION OF PROPERTY E. BAYA TO COUNTRY CLUB,TR TO PINWOOD,TR TO HUBBLE AND
IT'S @ THE CORNER OF HUBBLE & APACHE.
TYPE DEVELOPMENT REROOF/SFD ESTIMATED COST OF CONSTRUCTION 6500.00
HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT _____ STORIES _____
FOUNDATION _____ WALLS _____ 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 16-4S-17-08382-301 SUBDIVISION GREENWOOD
LOT 1 BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES _____

_____ CCC1329038 _____
Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor _____
EXISTING _____ JLW _____ N _____
Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____
COMMENTS: NOC ON FILE.

Check # or Cash 1194

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 _____ CLERKS OFFICE _____

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 DEPARTMENT

Re Roof of a Single Family Dwelling

Inspection Affidavit

RE: Permit # 28514

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

License #: CCC-1329038

On or about 4-28-10, I did personally inspect the roof
(Date & time)

deck nailing and/or secondary water barrier work at 475 SE Hubble St,
(circle one) (Job Site Address)

Lake City FL 32025

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

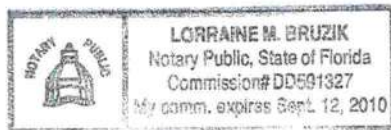
[Signature]
Signature

STATE OF FLORIDA
COUNTY OF

Sworn to and subscribed before me this 28 day of April, 2010

By Timothy Lee

Notary Public, State of Florida



Lorraine Bruzik
(Print, type or stamp name)

Commission No.: DD591327

Personally known or

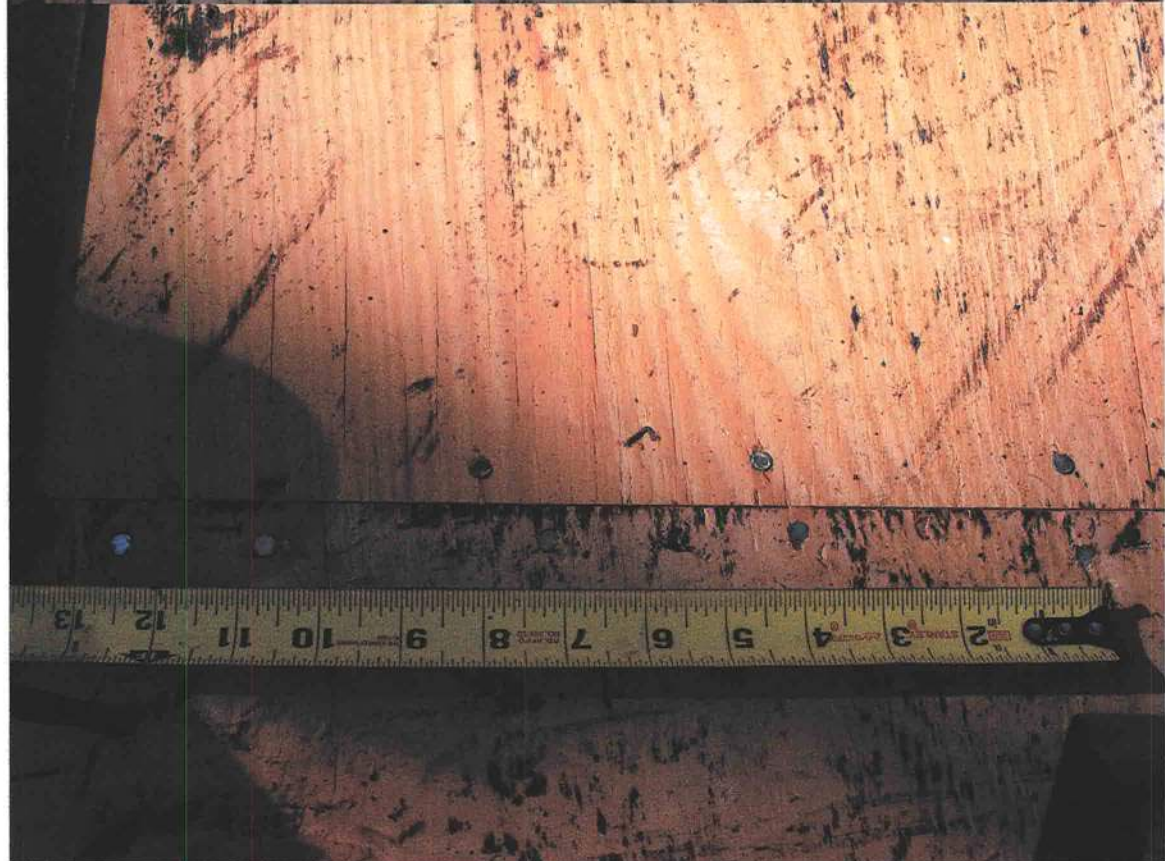
Produced Identification ✓

Type of identification produced. FL drivers license

*** 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.**





Columbia County Building Permit Application

For Office Use Only		Application # <u>1004.53</u>	Date Received <u>4/28</u>	By <u>JW</u>	Permit # <u>28514</u>
Zoning Official _____	Date _____	Flood Zone _____	Land Use _____	Zoning _____	
FEMA Map # _____	Elevation _____	MFE _____	River _____	Plans Examiner _____	Date _____
Comments _____					
<input checked="" type="checkbox"/> NOC <input checked="" type="checkbox"/> EH <input checked="" type="checkbox"/> Deed or PA <input type="checkbox"/> Site Plan <input type="checkbox"/> State Road Info <input type="checkbox"/> Parent Parcel # _____					
<input type="checkbox"/> Dev Permit # _____ <input type="checkbox"/> In Floodway <input type="checkbox"/> Letter of Auth. from Contractor <input type="checkbox"/> F W Comp. letter					
IMPACT FEES: EMS _____		Fire _____	Corr _____	Road/Code _____	
School _____		= TOTAL <u>SUSPENDED</u>		<input checked="" type="checkbox"/> LICENSE 4/28/21-2025	
Septic Permit No. <u>X-10-114</u>			Fax _____		
Name Authorized Person Signing Permit <u>Tim LEE</u>			Phone <u>904.237.1758</u>		
Address <u>6772 Arching Branch Cir JAX, FL 32258</u>					
Owners Name <u>Samantha Owens</u>			Phone _____		
911 Address <u>475 SE Hubble St, L.C. 71 31015</u>					
Contractors Name <u>RAVEN ROOFING LLC</u>			Phone <u>904.237.1758</u>		
Address <u>6772 Arching Branch Cir, JAX, FL, 32258</u>					
Fee Simple Owner Name & Address _____					
Bonding Co. Name & Address _____					
Architect/Engineer Name & Address _____					
Mortgage Lenders Name & Address <u>CASH</u>					
Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progress Energy					
Property ID Number <u>16-45-17-08382-301</u>			Estimated Cost of Construction <u>6500.⁰⁰</u>		
Subdivision Name <u>Greenwood</u>			Lot <u>1</u> Block _____ Unit _____ Phase _____		
Driving Directions <u>Duval St to Country Club Rd (Right), Right on Pinewood</u> <u>Continue onto Hubble St corner of Apache & Hubble</u>					
_____			Number of Existing Dwellings on Property <u>1</u>		
Construction of <u>RE Roof Replacement Home</u>			Total Acreage _____ Lot Size _____		
Do you need a - <u>Culvert Permit</u> or <u>Culvert Waiver</u> or <u>Have an Existing Drive</u>				Total Building Height _____	
Actual Distance of Structure from Property Lines - Front _____ Side _____ Side _____ Rear _____					
Number of Stories <u>1</u>		Heated Floor Area _____		Total Floor Area _____ Roof Pitch <u>4 or 5</u>	

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. **CODE:** Florida Building Code 2007 with 2009 Supplements and the 2008 National Electrical Code. Page 1 of 2 (Both Pages must be submitted together.) Revised 6-19-09

FL 1956-R2 Tamko Arch.
- 3

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.)

Samantha Owens
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.

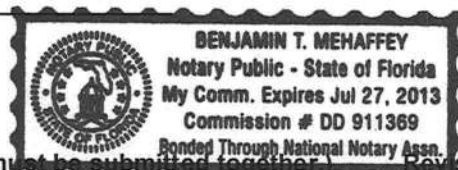
[Signature]
Contractor's Signature (Permitee)

Contractor's License Number CCC-1389038
Columbia County
Competency Card Number Certified

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 28th day of April 2010.
Personally Known ☒ or Produced Identification ☐

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

SEAL:



Prepared by & Return to:
Matthew D. Rocco
Sierra Title, LLC
419 SW SR 247, Suite 109
Lake City, Florida 32025

File Number: 10-0250

Inst: 201012006128 Date: 4/19/2010 Time: 3:22 PM
Doc Stamp-Deed 860 30
DC, P. DeWitt Cason, Columbia County Page 1 of 1 B: 1192 P: 2404

General Warranty Deed

Made this April 16, 2010 A.D. By **Bonnie Lee Norwood, a single woman**, whose post office address is: 475 SE Hubble Street, Lake City, Florida 32025, hereinafter called the grantor, to **Samantha D. Owens, a single woman**, whose post office address is: 475 SE Hubble Street, Lake City, FL 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 1, Greenwood, according to the map or plat thereof, as recorded in Plat Book 4, Page 61, of the Public Records of Columbia County, Florida.

Parcel ID Number: **R08382-301**

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:

Melinda Weaver
Witness Printed Name **MELINDA WEAVER**

Bonnie Lee Norwood (Seal)
Bonnie Lee Norwood
Address: 475 SE Hubble Street, Lake City, Florida 32025

Matthew D. Rocco
Witness Printed Name **Matthew D. Rocco**

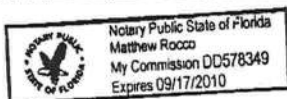
(Seal)
Address:

State of Florida
County of Columbia

The foregoing instrument was acknowledged before me this 16th day of April, 2010, by Bonnie Lee Norwood, who is/are personally known to me or who has produced FL DRIVERS LICENSE as identification.

Matthew D. Rocco
Notary Public
Print Name:

My Commission Expires:



Inst: 201012006714 Date: 4/28/2010 Time: 8:55 AM
DC, P. DeWitt Cason, Columbia County Page 1 of 1 B: 1193 P: 1114

NOTICE OF COMMENCEMENT

County Clerk's Office Stamp or Seal

Tax Parcel Identification Number 16-45-17-08382-301

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): Lot 1 Greenwood S/D, ORB 523-463,779-895 WD 1644-2449
- a) Street (job) Address: 475 SW Hyable St Lake city FL 32025
2. General description of improvements: Cost Replacement

3. Owner Information

- a) Name and address: Samantha Owens
- b) Name and address of fee simple titleholder (if other than owner): _____
- c) Interest in property: owner

4. Contractor Information

- a) Name and address: Raven Roofing LLC 6222 Arching Branch Cir. Jax, FL 32258
- b) Telephone No.: 904.237.1758 Fax No. (Opt.) 904.506.0614

5. Surety Information

- a) Name and address: _____
- b) Amount of Bond: _____
- c) Telephone No.: _____ Fax No. (Opt.) _____

6. Lender

- a) Name and address: _____
- 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(l)(b), Florida Statutes:

- a) Name and address: Tim LEE 6772 Arching Branch Cir Jax, FL 32258
- b) Telephone No.: 904.237.1758 Fax No. (Opt.) 904.506.0614

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.

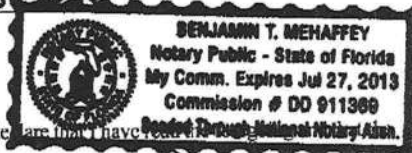
STATE OF FLORIDA
COUNTY OF COLUMBIA

10. Samantha Owens
Signature of Owner or Owner's Authorized Officer/Partner/Manager
Samantha Owens
Print Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 28th day of April, 20 10, by:
Samantha Owens as owner (type of authority, e.g. officer, trustee, attorney
fact) for _____ (name of party on behalf of whom instrument was executed).

Personally Known ☐ OR Produced Identification ☒ Type DL # 0520-784-88-648-1

Notary Signature [Signature] Notary Stamp or Seal:



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

Samantha Owens
Signature of Natural Person Signing (in line #10 above.)