

APPLICANTWALTER RUSSELLPHONE758-9147

ADDRESS1105SW DYAL AVELAKE CITYFL32024

OWNERWALTER RUSSELLPHONE758-9147

ADDRESS1105SW DYAL AVELAKE CITYFL32024

CONTRACTOROWNER BUILDERPHONE

LOCATION OF PROPERTY47 S, R KING, L DYAL, 2ND ON RIGHT

TYPE DEVELOPMENTFLOOD REPAIRSESTIMATED COST OF CONSTRUCTION0.00

HEATED FLOOR AREATOTAL AREAHEIGHTSTORIES

FOUNDATIONWALLSROOF PITCHFLOOR

LAND USE & ZONINGAG-3MAX. HEIGHT

Minimum Set Back Requirments:STREET-FRONTREARSIDE

NO. EX.D.U.1FLOOD ZONEX-ADEVELOPMENT PERMIT NO.

PARCEL ID27-4S-16-03213-000SUBDIVISION

LOTBLOCKPHASEUNITTOTAL ACRES22.95

OWNER

Culvert Permit No.Culvert WaiverContractor's License NumberApplicant/Owner/Contractor

EXISTINGNABKBKTCN

Driveway ConnectionSeptic Tank NumberLU & Zoning checked byApproved for IssuanceNew Resident

COMMENTS: NOC ON FILE

REPAIR OF EXISTING SFD, FLOOD DISCLOSURE STATEMENT ON FILE

T.S DEBBY- NO CHARGE FOR PERMITCheck # or CashNO CHARGE

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary PowerFoundationMonolithic

date/app. bydate/app. bydate/app. by

Under slab rough-in plumbingSlabSheathing/Nailing

date/app. bydate/app. bydate/app. by

FramingInsulation

date/app. bydate/app. by

Rough-in plumbing above slab and below wood floorElectrical rough-in

date/app. bydate/app. by

Heat & Air DuctPeri. beam (Lintel)Pool

date/app. bydate/app. bydate/app. by

Permanent powerC.O. FinalCulvert

date/app. bydate/app. bydate/app. by

Pump poleUtility PoleM/H tie downs, blocking, electricity and plumbing

date/app. bydate/app. bydate/app. by

ReconnectionRVRe-roof

date/app. bydate/app. bydate/app. by

BUILDING PERMIT FEE \$0.00CERTIFICATION FEE \$0.00SURCHARGE FEE \$0.00

MISC. FEES \$0.00ZONING CERT. FEE \$FIRE FEE \$0.00WASTE FEE \$

FLOOD DEVELOPMENT FEE \$FLOOD ZONE FEE \$CULVERT FEE \$TOTAL FEE0.00

INSPECTORS OFFICECLERKS 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.

NOTICE: ALL OTHER APPLICABLE STATE OR FEDERAL PERMITS SHALL BE OBTAINED BEFORE COMMENCEMENT OF THIS PERMITTED DEVELOPMENT.

"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.

T.S. Debby

Columbia County Building Permit Application

For Office Use Only Application # 1212-30 Date Received 12/18/12 By WA Permit # 30673
 Zoning Official B2K Date 18 Dec 2012 Flood Zone X Land Use A-3 Zoning A-3
 FEMA Map # N/A Elevation N/A MFE N/A River N/A Plans Examiner T.C. Date 12-18-12
 Comments _____
☒ NOC ☒ EH ☒ Deed or PA ☒ Site Plan ☒ State Road Info ☒ Well letter ☒ 911 Sheet ☐ Parent Parcel # _____
☐ Dev Permit # _____ ☐ In Floodway ☒ Letter of Auth. from Contractor ☐ F W Comp. letter _____
 IMPACT FEES: EMS _____ Fire _____ Corr _____ ☒ Sub VF Form _____
 Road/Code _____ School _____ = TOTAL (Suspended) ☒ Ellisville Water ☒ App Fee Paid _____

Septic Permit No. N/A Fax _____
 Name Authorized Person Signing Permit Walter Russell Phone 365-4123 cell
758-9147
 Address 1105 SW Dyal Ave, Lalee City FL 32024
 Owners Name Walter Russell Phone 11
 911 Address 1105 SW Dyal Ave Lalee City FL 32024
 Contractors Name Owner Builder Phone 11
 Address _____

Fee Simple Owner Name & Address _____
 Bonding Co. Name & Address _____
 Architect/Engineer Name & Address _____
 Mortgage Lenders Name & Address _____

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

Property ID Number 27-45-16-03213-000 Estimated Cost of Construction 20,000.00

Subdivision Name N/A Lot _____ Block _____ Unit _____ Phase _____

Driving Directions 47 S, (R) King, (L) Dyal, 2nd on (R)

Number of Existing Dwellings on Property 1

Construction of Flood damage repair Total Acreage 22.95 Lot Size 22.95

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

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

Number of Stories 1 Heated Floor Area _____ Total Floor Area _____ Roof Pitch _____

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 2010 and the 2008 National Electrical Code.

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. You must verify if your property is encumbered by any restrictions or face possible litigation and or fines.



(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 (Permittee)

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

Affirmed under penalty of perjury to by the Contractor and subscribed before me this ____ day of _____ 20__.

Personally known _____ or Produced Identification _____

SEAL:

State of Florida Notary Signature (For the Contractor)



03213-000



Suwannee River Water Management District Effective Flood Information Report



LOCATION

Date: 12-18-2012
Parcel: 27-4S-16-03213-000
County: Columbia
STR: S027 T04 R16
Columbia Flood Hazard Areas Status: Effective: 02/04/2009

FLOOD INFORMATION

FIRM Panel(s): 12023C0380C

Parcel In Special Flood Hazard Area? (SFHA): Yes
Flood Zone(s): A
1% Annual Chance Flood Elev (BFE): Not Available
Floodway: No
10% Annual Chance Flood Elev: Not Available
50% Annual Chance Flood Elev: Not Available
Note: Elevations are based on NAVD88

Effective Flood Zones described on Page 2

The Federal Emergency Management Agency (FEMA) maintains information about map features, such as street locations and names, in or near designated flood hazard areas. The information herein represents the best available data as of the effective date shown. The applicable Flood Insurance Study and a Digital Flood Insurance Rate Map is available online (<http://www.srwmdfloodreport.com>). To obtain more detailed information in areas where Base Flood Elevations (BFEs) and/or floodways have been determined, users are encouraged to also consult the FEMA Map Service Center at 1-800-358-9616 (<http://www.msc.fema.gov>) for information on available products associated with this FIRM panel. Available products from the Map Service Center may include previously issued Letters of Map Change.

Requests to revise flood information in or near designated flood hazard areas may be provided to FEMA during the community review period on preliminary maps, or through the Letter of Map Change process for effective maps.

Columbia County Property Appraiser

CAMA updated: 12/12/2012

2012 Tax Year**Parcel:** 27-4S-16-03213-000

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

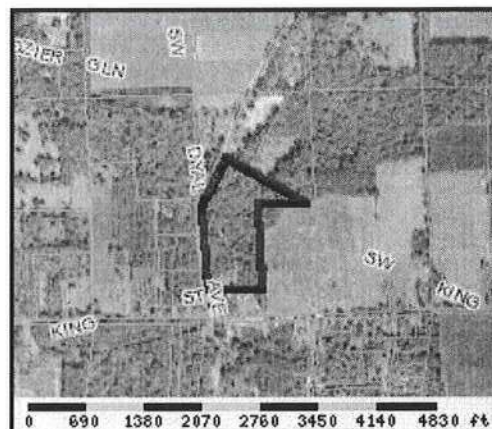
Interactive GIS Map

Print

Owner & Property Info

Search Result: 1 of 1

Owner's Name	RUSSELL WALTER E		
Mailing Address	1105 SW DYAL AVE LAKE CITY, FL 32024		
Site Address	1105 SW DYAL AVE		
Use Desc. (code)	IMPROVED A (005000)		
Tax District	3 (County)	Neighborhood	27416
Land Area	22.950 ACRES	Market Area	01
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. COMM NE COR OF SE1/4, RUN S ALONG E LINE 1333.74 FT TO SE COR OF NE1/4 OF SE1/4, RUN W ALONG S LINE 963.67 FT FOR POB CONT W 571.71 FT TO NE COR OF W1/2 OF SE1/4 OF SE1/4, S ALONG E LINE 1007.80 FT, W 647.18 FT TO A PT ON E R/W DYAL RD, N ALONG R/W 836.91 FT TO A PT OF A CURVE TO THE RIGHT, NE'LY ALONG ARC OF CURVE 387.88 FT, N 28 DEG E 236.43 FT TO A PT OF A CURVE TO THE LEFT, NWLY ALONG SAID CU ...more>>>		

**Property & Assessment Values**

2012 Certified Values		
Mkt Land Value	cnt: (1)	\$11,053.00
Ag Land Value	cnt: (1)	\$5,926.00
Building Value	cnt: (1)	\$139,113.00
XFOB Value	cnt: (7)	\$26,314.00
Total Appraised Value		\$182,406.00
Just Value		\$266,776.00
Class Value		\$182,406.00
Assessed Value		\$182,406.00
Exempt Value	(code: HX H3)	\$50,000.00
Total Taxable Value	Cnty: \$132,406 Other: \$132,406 Schl: \$157,406	

2013 Working Values**NOTE:**

2013 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Working Values

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
5/16/1997	839/1441	PR	V	U	02	\$0.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1998	(31)	2478	3392	\$137,135.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0166	CONC,PAVMT	1998	\$1,944.00	0001296.000	27 x 48 x 0	(000.00)
0260	PAVEMENT-A	1998	\$2,570.00	0004284.000	12 x 357 x 0	(000.00)

Repairs to home at 1105 SW Dyal Ave

Replace and or repair list —

Dry wall

Insulation (lower walls)

Doors

Flooring

Cabinets (lower area)

Painting

Repair bathroom (Some Plumbing)

No Electrical needed.



12/18/12

Walter Russell

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ PHONE _____

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 <u>Walter Russell</u> License #: <u>Owner</u>	Signature <u>[Signature]</u> Phone #: _____
ROOFING	Print Name _____ License #: _____	Signature _____ Phone #: _____
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	Owner	Walter Russell	[Signature]
INSULATION	Owner		
STUCCO			
DRYWALL	Owner		
PLASTER			
CABINET INSTALLER	Owner		
PAINTING	Owner		
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE	Owner		
FLOOR COVERING	Owner		
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.



COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave., Suite B-21

Lake City, FL 32055

Office: 386-758-1008 Fax: 386-758-2160

OWNER BUILDER DISCLOSURE STATEMENT

I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.

I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility.

I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed and bonded in Florida and to list his or her license numbers on permits and contracts.

I understand that I may build or improve a one-family or two-family residence or farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption.

I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.

I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or municipal ordinance.

I understand that it is frequent practice of unlicensed persons to have the property owner obtain an owner-builder permit that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property.

I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk.

I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at 850-487-1395 or Internet website address <http://www.myflorida.com/dbpr/pro/cilb/index.html> for more information about licensed contractors.

I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address:

1105 SW Dyal Ave, Lake City, FL 32024

I agree to notify Columbia County Building Department immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure. Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with any financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.

I understand that if I hire subcontractors they must be licensed for that type of work in Columbia County, ex: framing, stucco, masonry, and state registered builders. Registered Contractors must have a minimum of \$300,000.00 in General Liability insurance coverage and the proper workers' compensation. Specialty Contractors must have a minimum of \$100,000.00 in General Liability insurance coverage and the proper workers' compensation coverage.

Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner and returned to Columbia County Building Department.

TYPE OF CONSTRUCTION

- () Single Family Dwelling () Two-Family Residence () Farm Outbuilding
() Addition, Alteration, Modification or other Improvement
() Commercial, Cost of Construction _____ Construction of _____
☒ Other Repairs to FFD

I Walter Russell, have been advised of the above disclosure statement for exemption from contractor licensing as an owner/builder. I agree to comply with all requirements provided for in Florida Statutes allowing this exception for the construction permitted by Columbia County Building Permit.

[Signature] Date 12-18-12
Owner Builder Signature

NOTARY OF OWNER BUILDER SIGNATURE

The above signer is personally known to me or produced identification FLDL

Notary Signature [Signature] Date 12-12-12 (Seal)

FOR BUILDING DEPARTMENT USE ONLY

I hereby certify that the above listed owner builder has been given notice of the restriction stated above.

Building Official/Representative [Signature]



Revised: 7-23-09
DISCLOSURE STATEMENT 09
Documents: B&Z Forms

POLICY NUMBER FLD7050

10/20/2011 TO 10/20/2012

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 1660-0005
Expires October 31, 2013

POLICY TERM

\$250,000.00

AMT OF BLDG COV AT TIME OF LOSS

\$100,000.00

AMT OF CNTS COV AT TIME OF LOSS

PROOF OF LOSS

(See Attached Privacy Act Statement
and Paperwork Burden Disclosure Notice)

AGENCY

AGENCY AT

TO THE American Strategic Insurance OF 805 Executive Center Drive W, STE 300, St. Petersburg, FL 33702

At the time of loss, by the above indicated policy of insurance, you insured the interest of

Walter Russell

1105 South West Dyal Ave, Lake City, FL 32024

against loss by Flood to the property described according to the terms and conditions of said policy and of all forms, endorsements, transfers and assignments attached thereto.

TIME AND
ORIGIN

A Flood loss occurred about _____
on the 26 day of June, 2012, the cause of the said loss was :
Flood

OCCUPANCY

The premises described, or containing the property described, was occupied at the time of the loss as follows,
and for no other purpose whatever : _____

Residential

INTEREST

No other person or persons had any interest therein or encumbrance thereon, except : _____
None listed or reported.

1. FULL AMOUNT OF INSURANCE applicable to the property for which claim is presented is
2. ACTUAL CASH VALUE of building structure
3. ADD ACTUAL CASH VALUE OF CONTENTS or personal property insured
4. ACTUAL CASH VALUE OF ALL PROPERTY
5. FULL COST OF REPAIR OR REPLACEMENT
6. LESS APPLICABLE DEPRECIATION
7. ACTUAL CASH VALUE LOSS is
8. LESS DEDUCTIBLES
9. NET AMOUNT CLAIMED under above numbered policy is (Pending Your Flood Carrier's Final Approval) .

The said loss did not originate by any act, design or procurement on the part of your insured, nothing has been done by or with the privity or consent of your insured to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss, no property saved has in any manner been concealed, and no attempt to deceive the said insurer as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

I understand that this Insurance (policy) is issued Pursuant to the National Flood Insurance Act of 1968, or Any Act Amendatory thereof, and Applicable Federal Regulations in Title 44 of the Code of Federal Regulations, Subchapter B, and that knowingly and willfully making any false answers or misrepresentations of fact may be punishable by fine or imprisonment under applicable Unites States Codes.

Subrogation - To the extent of the payment made or advanced under this policy; the insured hereby assigns, transfers and sets over to the insurer all rights, claims or interest that he has against any person, firm or corporation liable for the loss or damage to the property for which payment is made or advanced. He also hereby authorizes the insurer to sue any such third party in his name.

The insured hereby warrants that no release has been given or will be given or settlement or compromise made or agreed upon with any third party who may be liable in damages to the insured with respect to the claim being made herein.

The furnishing of this blank or the preparation of proofs by a representative of the above insurer is not a waiver of any of its rights.

I declare under penalty of perjury that the information contained in the foregoing is true and correct to the best of my knowledge and belief.

Executed 6 day of AUG, 20 12

Signature Walter Russell
INSURED

Signature _____
INSURED

FLOOD DISCLOSURE STATEMENT

The undersigned, Walter Russell, (herein "Owner"), whose mailing address is 1105 SW Duval Ave, Lake City, FL 32024, hereby acknowledges receipt of this Flood Disclosure Statement regarding Owner's property described as follows:

Tax Parcel No.: 27-45-16-03213-000.

Owner has made application to **COLUMBIA COUNTY, FLORIDA** for a building permit for the property affected by 2012 Tropical Storm Debby which is located in Zone X according to the 2009 FEMA Flood Insurance Maps for one of the following purposes:

- A. Rebuild or replace a dwelling in the same place or location;
- B. Rebuild or replace a dwelling on the same property, but at a different location still affected by flooding;
- C. Rebuild or replace on the same property but at a different location not affected by flooding; and
- D. Remodel an existing dwelling.

Owner is aware that although the property is not located in a special flood hazard area as designated by the 2009 FEMA Flood Insurance Rate Maps, the property has flooded in the past and may be subject to flooding in the future. Owner has been advised to review all available flood data, including 2012 aerial photographs or other available flood maps in making the decision to proceed with the building permit. Owner is aware that such natural flooding may occur in the future.

COLUMBIA COUNTY, FLORIDA is issuing a building permit at Owner's request, but makes no representations to Owner whether the property will or will not be subject to future flooding conditions resulting in damages to Owner's dwelling or other improvement on the property. Owner will record this disclosure statement among the public records of Columbia County, Florida.

Owner acknowledges having read and received a copy of this Flood Disclosure Statement this 18 day of December, 2012

Signed, sealed and delivered
in the presence of:

Laurie Hodson
Witness

Laurie Hodson
Print or type name

Brian Kepner
Witness

Brian Kepner
Print or type name

x Walter Russell
Owner

Co-Owner

**STATE OF FLORIDA
COUNTY OF COLUMBIA**

The foregoing instrument was acknowledged before me this 18 day of December, 2012, by FL DL who is/are personally known to me or who has/have produced as identification.

(NOTARIAL
SEAL)

Laurie Hodson
Notary Public, State of Florida

My Commission Expires:



NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

27-45-16-03213-000

Clerk's Office Stamp

Inst. 201212018512 Date: 12/18/2012 Time: 2:36 PM
DC, P. DeWitt Cason, Columbia County Page 1 of 1 B: 1246 P-973

TH: 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): 22.95 Acres
a) Street (Job) Address: 1105 SW Dyal Ave, Lata City FL 32024
2. General description of improvements: Repairs to Single Family Dwelling
3. Owner Information
a) Name and address: Walter Russell
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: Walter Russell Owner Builder
b) Telephone No.: 58-9147 Fax No. (Opt.) N/A
5. Surety Information
a) Name and address: N/A
b) Amount of Bond: N/A
c) Telephone No.: N/A Fax No. (Opt.) N/A
6. Lender
a) Name and address: N/A
b) Phone No.: N/A
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: N/A
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.

Signature of Owner or Owner's Authorized Office/Director/Partner/Manager

Walter Russell
Printed Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 18 day of December, 20 12, by:

Walter Russell as Owner (type of authority, e.g. officer, trustee, attorney
fact) for Self (name of party on behalf of whom instrument was executed).

Personally Known _____ OR Produced Identification ☒ Type ACDL

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.



X Walter Russell
Signature of Natural Person Signing (in line #10 above.)