

Columbia County New Building Permit Application

For Office Use Only		Application # _____	Date Received _____	By _____	Permit # _____
Zoning Official _____	Date _____	Flood Zone _____	Land Use _____	Zoning _____	
FEMA Map # _____	Elevation _____	MFE _____	River _____	Plans Examiner _____	Date _____
Comments _____					
<input type="checkbox"/> NOC <input type="checkbox"/> EH <input type="checkbox"/> Deed or PA <input type="checkbox"/> Site Plan <input type="checkbox"/> State Road Info <input type="checkbox"/> Well letter <input type="checkbox"/> 911 Sheet <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 <input type="checkbox"/> Owner Builder Disclosure Statement <input type="checkbox"/> Land Owner Affidavit <input type="checkbox"/> Ellisville Water <input type="checkbox"/> App Fee Paid <input type="checkbox"/> Sub VF Form					

Septic Permit No. 22-0902-N OR City Water _____ Fax _____

Applicant (Who will sign/pickup the permit) Dale Burd Phone 386-365-7674

Address 20619 CR 137, LC, FL, 32024

Owners Name Brian Lucas Phone 386-623-5468

911 Address 111 NW Willowbrook Glen, LC, FL, 32055

Contractors Name Christopher Scott Collins Phone 386-758-9538

Address 406 NW Old Mill Drive, Lake City, FL, 32055

Contractor Email CGMFGHomes@Comcast.net ***Include to get updates on this job.

Fee Simple Owner Name & Address Brian Lucas

Bonding Co. Name & Address _____

Architect/Engineer Name & Address _____

Mortgage Lenders Name & Address 21st Mortgage 620 Market St, Knoxville TN, 37902

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

Property ID Number 22-4S-16-03092-006 Estimated Construction Cost \$266,339.00

Subdivision Name _____ Lot 6 Block _____ Unit _____ Phase _____

Driving Directions from a Major Road SR 47 South, TR CR 242, 2nd lot on right past Steedly Dr

Construction of On Frame Modular _____ Commercial OR X Residential

Proposed Use/Occupancy Residential Number of Existing Dwellings on Property 0

Is the Building Fire Sprinkled? _____ If Yes, blueprints included _____ Or Explain Digital Plans and Blocking

Circle Proposed - Culvert Permit or Culvert Waiver or D.O.T. Permit or Have an Existing Drive

Actual Distance of Structure from Property Lines - Front 226 Side 118 Side 144 Rear 434

Number of Stories 1 Heated Floor Area 1920 Total Floor Area 1920 Acreage 5.24

Zoning Applications applied for (Site & Development Plan, Special Exception, etc.) NA

Columbia County Building Permit Application – “Owner and Contractor Signature Page”

CODES: 2020 Florida Building Code 7th Edition and the 2017 National Electrical Code.

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.

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 pursued in good faith or a permit has been issued.

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 CONTRACTOR AND AGENT: 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.

Brian Lucas

Printed Owners Name

Owners Signature

****Property owners must sign here before any permit will be issued.**

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.

Christopher Scott Collins
Contractor's Signature

Contractor's License Number CBC1252863
Columbia County
Competency Card Number _____

Affirmed and subscribed before me the Contractor by means of _____ physical presence or _____ online notarization, this 4 day of January, 2023, who was personally known X or produced ID _____

State of Florida Notary Signature (For the Contractor)

SEAL:



DALE R. BURD
Notary Public
State of Florida
Comm# HH329772
Expires 11/7/2026

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME Brian Lucas

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

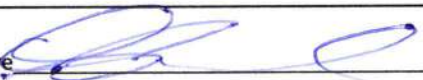

Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

Use website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

ELECTRICAL <input checked="" type="checkbox"/>	Print Name <u>Glenn Whittington</u> Signature <u></u> Company Name: <u>Whittington Electric</u> License #: <u>EC 13002957</u> Phone #: <u>386-972-1700</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/A/C <input checked="" type="checkbox"/>	Print Name <u>Timothy Shatto</u> Signature <u></u> Company Name: <u>Shatto Heat & Air</u> License #: <u>CAC 057875</u> Phone #: <u>386-496-8224</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input checked="" type="checkbox"/>	Print Name <u>Melvin Lopez</u> Signature _____ Company Name: <u>Advanced Electric & Security</u> License #: <u>CFC1428953</u> Phone #: <u>352-414-7599</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE



COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIER AUTHORIZATION

I, Timothy Shatto (license holder name), licensed qualifier
for Shatto Heat & Air (company name), do certify that

the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase and sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. Bo Royals	1.
2. Dale Burd	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

Timothy D. Shatto
Licensed Qualifiers Signature (Notarized)

CAC 057875
License Number

2/22/18
Date

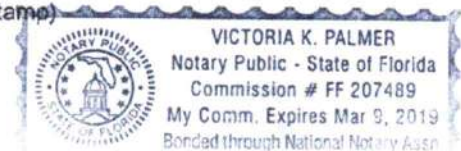
NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Union

The above license holder, whose name is Timothy D. Shatto,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 22 day of February, 20 18.

Victoria K. Palmer
NOTARY'S SIGNATURE

(Seal/Stamp)





COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIER AUTHORIZATION

I, Glen Whittington (license holder name), licensed qualifier for Whittington Electric Inc (company name), do certify that the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase and sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>Dan Burd</u>	1. <u>[Signature]</u>
2. <u>Rocky Ford</u>	2. <u>[Signature]</u>
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

Glen Whittington License Number EL13002957 Date 3/7/16
Licensed Qualifiers Signature (Notarized)

NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Columbia

The above license holder, whose name is Glen Whittington, personally appeared before me and is known by me or has produced identification (type of I.D.) FL DL on this 7 day of MARCH, 20 16.

Kelly R Bishop
NOTARY'S SIGNATURE



Parcel:
22-4S-16-03092-006 (14802)

Owner & Property Info

Result: 6 of 26

Owner	LUCAS BRIAN 111 NW WILLOWBROOK GLN LAKE CITY, FL 32055		
Site	2639 SW COUNTY ROAD 242, LAKE CITY COMM SE COR OF SW1/4 OF SE1/4, RUN N 42.72 FT, W 346.59 FT TO POB, RUN W 326.80 FT, N 698.57 FT, E 326.80 FT, S 698.35 FT TO POB. AKA PARCEL 6. 558-282, 594-724, PB 1095-1418 THRU 1436 PR 1131-592, TD 1311-858, WD 1444-43, WD 1462-416		
Description*			
Area	5.24 AC	S/T/R	22-4S-16
Use Code**	VACANT (0000)	Tax District	3

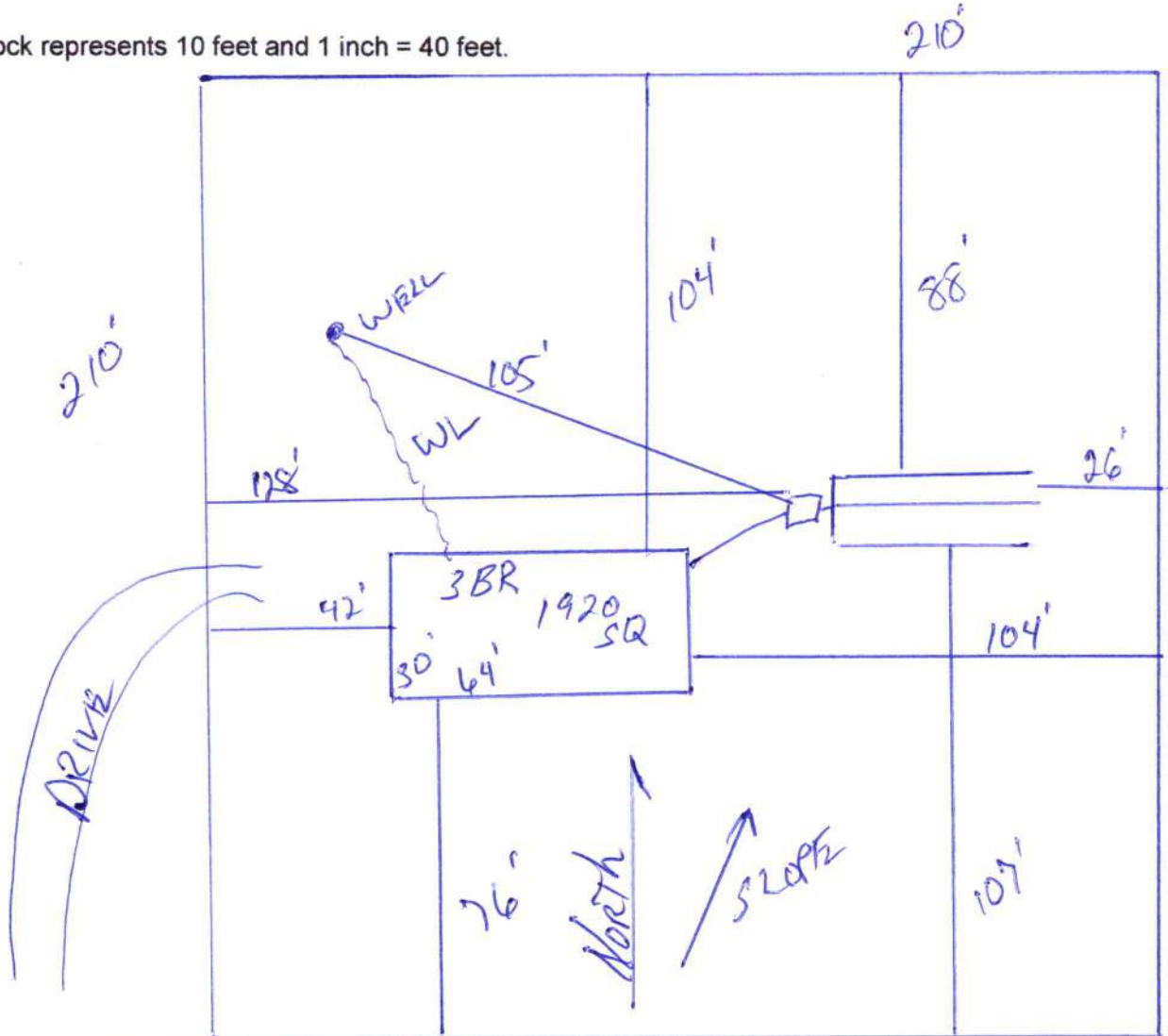
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number _____

Brian Lucas

PART II - SITEPLAN

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: _____

1 of 5.24 Acres Site Attached

Site Plan submitted by: [Signature] Contractor _____

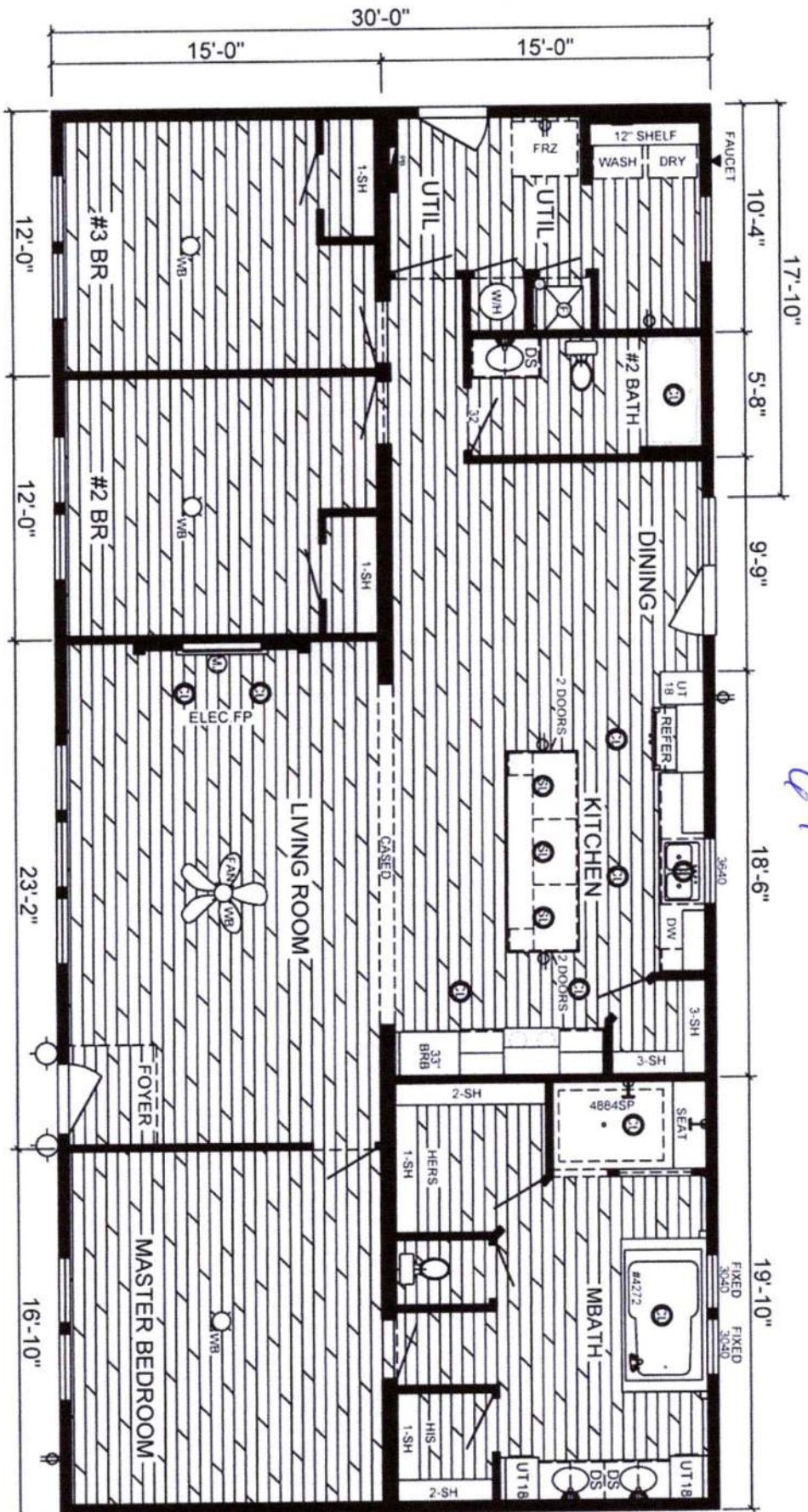
Plan Approved _____ Not Approved _____ Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



Columbia County Property Appraiser Jeff Hampton Lake City, Florida 386-758-1083				
PARCEL: 22-4S-16-03092-006 (14802) VACANT (0000) 5.24 AC				
COMM SE COR OF SW1/4 OF SE1/4, RUN N 42.72 FT, W 346.59 FT TO POB, RUN W 326.80 FT, N 698.57 FT, E 326.80 FT, S 698.35 FT TO POB. AKA PARCEL 6.558-2				
LUCAS BRIAN		2023 Working Values		
Owner: 111 NW WILLOWBROOK GLN	Mkt Lnd	\$31,440	Appraised	\$31,440
LAKE CITY, FL 32055	Ag Lnd	\$0	Assessed	\$31,440
Site: 2639 SW COUNTY ROAD 242, LAKE CITY	Bldg	\$0	Exempt	\$0
	XFOB	\$0	county:	\$31,440
Sales 3/10/2022 \$78,000 V (Q)	Just	\$31,440	Total	city:\$0
Info 7/30/2021 \$85,000 V (Q)			Taxable	other:\$0
3/15/2016 \$11,500 V (U)				school:\$31,440
<small>This information, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office.</small>				
<small>GrizztlyLogic.com</small>				



**MODEL: PAUL76(SVM-6808)
3-BEDROOM / 2-BATH
32 x 68 - Approx. 1920 Sq. Ft.
CUSTOMER: LUCAS**



For more information visit us at
www.deervalleyhb.com

DATE: 06/21/2022 07/14/2022-RH
11/03/2022 JW 11/10/2022-RH

*All rooms dimensions include closets and square footage are approximate.
*Drawing layout subject to change if required by engineering review.

Drawn By:
J. WALLACE



Address Assignment and Maintenance Document

To maintain the county wide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for addressing and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Services Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County

Date/Time Issued: **4/18/2022 5:03:31 PM**
Address: **2639 SW COUNTY ROAD 242**
City: **LAKE CITY**
State: **FL**
Zip Code **32024**

Parcel ID **22-4S-16-03092-006**

REMARKS: **This address is a verified address in the county's addressing system.**
Verification ID: 69b81b3a-8324-4a27-b0ee-2f93ab682f09

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRESS IS SUBJECT TO CHANGE.

Address Issued By: **GIS Specialist**

Columbia County GIS/911 Addressing Coordinator



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ON-SITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

PERMIT #: **12-SC-2601320**
APPLICATION #: **AP1909139**
DATE PAID: **11/1/22**
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR1876517**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: LUCAS**22-0902 Lucas Brian
PROPERTY ADDRESS: 2639 SW CR 242 Lake City, FL 32024
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 03092-006 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [900] GALLONS / GPD Septic Tank CAPACITY
A [] GALLONS / GPD N/A CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS 3 [] DOSES PER 24 HRS #Pumps []

D [375] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM

A TYPE SYSTEM: [x] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [x] TRENCH [] BED []

N
F LOCATION OF BENCHMARK: 16" oak tree S. of site

I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [42.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES

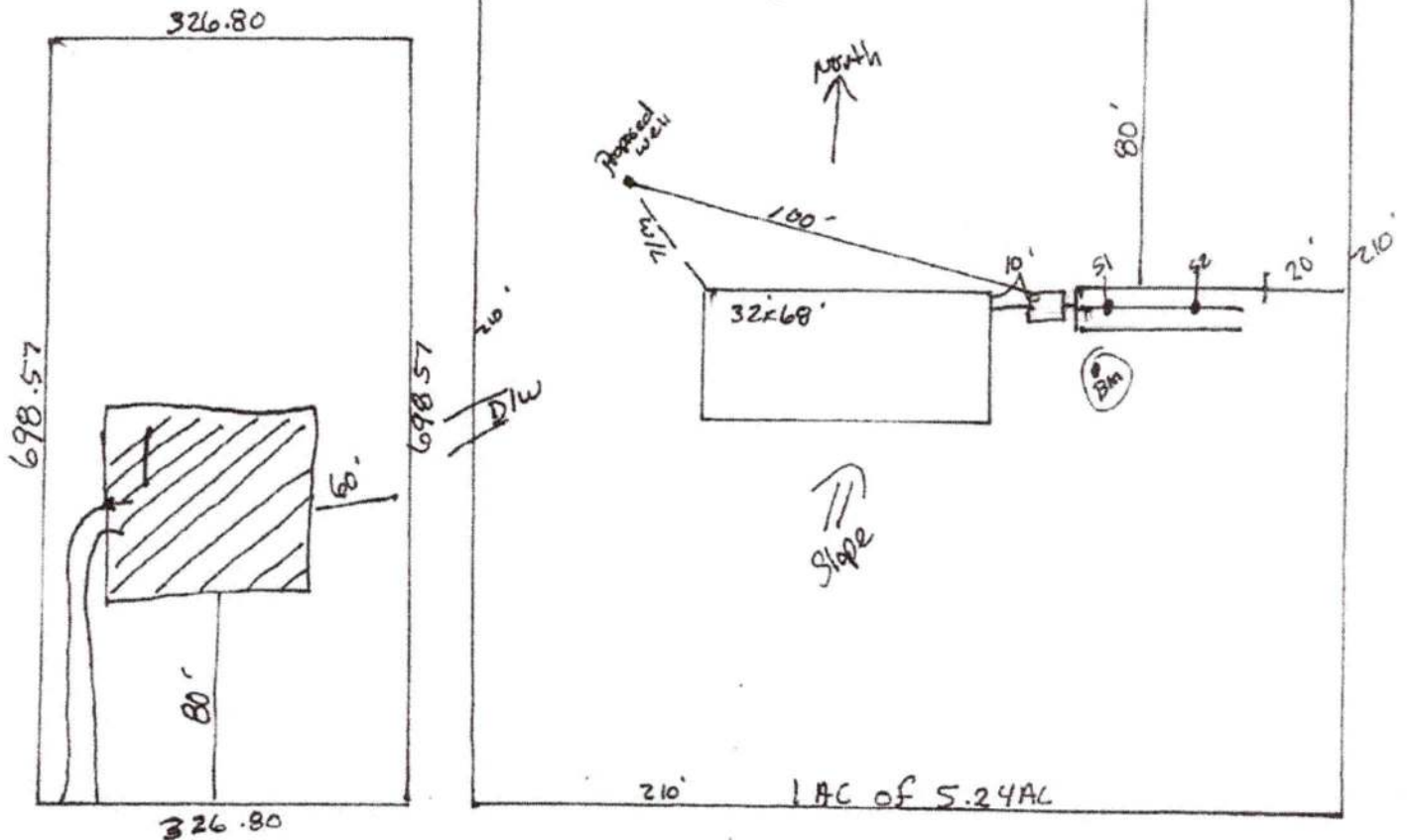
O
T
H
E
R
The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 300 gpd.

SPECIFICATIONS BY: Robert W Ford TITLE: AL. Ford
APPROVED BY: Dustin V Jones TITLE: Environmental Specialist II Columbia CHD
DATE ISSUED: 11/07/2022 EXPIRATION DATE: 05/07/2024
DM 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC

$1'' = 40'$ Permit Application Number 22-0702

PART II - SITEPLAN

210



Notes: CR 242 A

Site Plan submitted by: Robert Ford GGG Date: 10-31-2022

MASTER CONTRACTOR

Plan Approved ✓ ~~Not Approved~~

Date 11/2/22

By _____

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT