

DATE 11/12/2004

Columbia County Building Permit

This Permit Expires One Year From the Date of Issue

PERMIT

000022495

APPLICANT JERRY CASTAGNA PHONE 752.1014
ADDRESS POB 1867 LAKE CITY FL 32056
OWNER CYNTHIA FETHEROL PHONE 752.2920
ADDRESS 291 SW PHILLIPS CIRCLE LAKE CITY FL 3204
CONTRACTOR WALLACE LOWRY PHONE 752.1014
LOCATION OF PROPERTY 90-W TO C-252B,L, PHILLIPS,TR, 9TH LOT ON R.

TYPE DEVELOPMENT SWIMMING POOL ESTIMATED COST OF CONSTRUCTION 30599.00
HEATED FLOOR AREA TOTAL AREA HEIGHT .00 STORIES
FOUNDATION WALLS ROOF PITCH FLOOR
LAND USE & ZONING RSF-2 MAX. HEIGHT
Minimum Set Back Requirments: STREET-FRONT 25.00 REAR 15.00 SIDE 10.00
NO. EX.D.U. 1 FLOOD ZONE N/A DEVELOPMENT PERMIT NO.

PARCEL ID 03-4S-16-02739-209 SUBDIVISION TURKEY RUN
LOT 9 BLOCK PHASE UNIT TOTAL ACRES .50

RP 0067171
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING X-04-0285 BLK RK N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: NOC ON FILE

Check # or Cash 1406

FOR BUILDING & ZONING DEPARTMENT ONLY

Temporary Power date/app. by Foundation date/app. by Monolithic date/app. by (footer/Slab)
Under slab rough-in plumbing date/app. by Slab date/app. by Sheathing/Nailing date/app. by
Framing date/app. by Rough-in plumbing above slab and below wood floor date/app. by
Electrical rough-in date/app. by Heat & Air Duct date/app. by Peri. beam (Lintel) date/app. by
Permanent power date/app. by C.O. Final date/app. by Culvert date/app. by
M/H tie downs, blocking, electricity and plumbing date/app. by Pool date/app. by
Reconnection date/app. by Pump pole date/app. by Utility Pole date/app. by
M/H Pole date/app. by Travel Trailer date/app. by Re-roof date/app. by

BUILDING PERMIT FEE \$ 155.00 CERTIFICATION FEE \$.00 SURCHARGE FEE \$.00
MISC. FEES \$.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ WASTE FEE \$
FLOOD ZONE DEVELOPMENT FEE \$ CULVERT FEE \$ TOTAL FEE 205.00
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."

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 INCONVENIENCE, 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.

Columbia County Building Permit Application

For Office Use Only Application # 0410-78 Date Received 10/28/04 By G Permit # 22495
 Application Approved by - Zoning Official BLK Date 05.11.04 Plans Examiner RK 11-8-04 Date _____
 Flood Zone N/A Development Permit N/A Zoning RSF-2 Land Use Plan Map Category RES. L. D.
 Comments Club 1406

Applicants Name Unique Pools & Spas Phone (386) 752-1014
 Address PO Box 1867 Lake City, FL 32056
 Owners Name Cynthia Fetherol Phone (386) 752-2920
 911 Address 291 SW Phillips Circle, Lake City, FL 32024
 Contractors Name Unique Pools & Spa Phone (386) 752-1014
 Address PO Box 1867 Lake City, FL 32056
 Fee Simple Owner Name & Address _____
 Bonding Co. Name & Address _____
 Architect/Engineer Name & Address _____
 Mortgage Lenders Name & Address _____

Property ID Number 03-45-16-02739-209 Estimated Cost of Construction \$30,599
 Subdivision Name Turkey Run Lot 9 Block _____ Unit _____ Phase _____
 Driving Directions 90 W, TL 252B, TR on Phillips,
9th lot on right

Type of Construction Swimming Pool Number of Existing Dwellings on Property _____
 Total Acreage 1/2 Lot Size _____ Do you need a - Culvert Permit or Culvert Waiver or Have an Existing
 Actual Distance of Structure from Property Lines - Front 100' + Side 60 Side 60 Rear 15
 Total Building Height _____ Number of Stories _____ Heated Floor Area _____ Roof Pitch _____

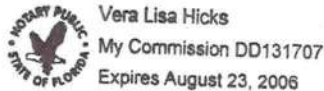
Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards all laws regulating construction in this jurisdiction.

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 COMMENCEMENT 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.

John Castan
 Owner/Builder or Agent (Including Contractor)

STATE OF FLORIDA
 COUNTY OF COLUMBIA



Sworn to (or affirmed) and subscribed before me
 this 27 day of OCT 2004.
 Personally known ✓ or Produced Identification _____

Walter Lowrey - Unique Pools & Spas
 Contractor Signature
 Contractors License Number _____
 Competency Card Number _____

NOTARY STAMP/SEAL

Vera Lisa Hicks
 Notary Signature



City of Lake City

150 NORTH ALACHUA STREET
LAKE CITY, FLORIDA 32055

TELEPHONE: (386) 752-2031
FAX: (386) 752-4896

POST OFFICE BOX 1687

PERMIT #

Residential Swimming Pool, Spa, and Hot Tub Safety Act Notice of Requirements

I (we) acknowledge that a new swimming pool, spa or hot tub will be constructed or installed at _____, and hereby affirm that one of the following methods will be used to meet the requirements of Chapter 515, Florida Statutes. (please initial the method(s) to be used for your pool)

_____ The pool will be isolated from access to the home by an enclosure that meets the pool barrier requirements of Florida Statute 515.29;

_____ The pool will be equipped with an approved safety pool cover that complies with ASTM F1346-91 (Standard Performance Specifications for Safety Covers for Swimming Pools, Spas and Hot Tubs);

_____ All doors and windows providing direct access from the home to the pool will be equipped with an exit alarm that has a minimum sound pressure rating of 85 decibels at 10 feet;

✓ _____ All doors providing direct access from the home to the pool will be equipped with self-closing, self-latching devices with release mechanisms placed no lower than 54" above the floor or deck;

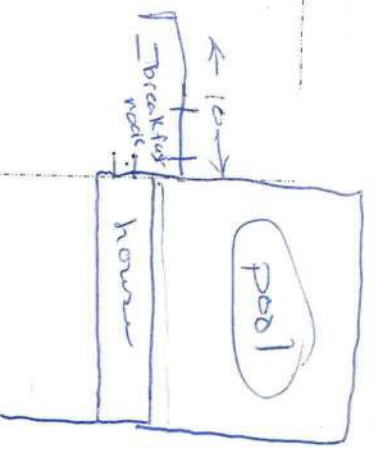
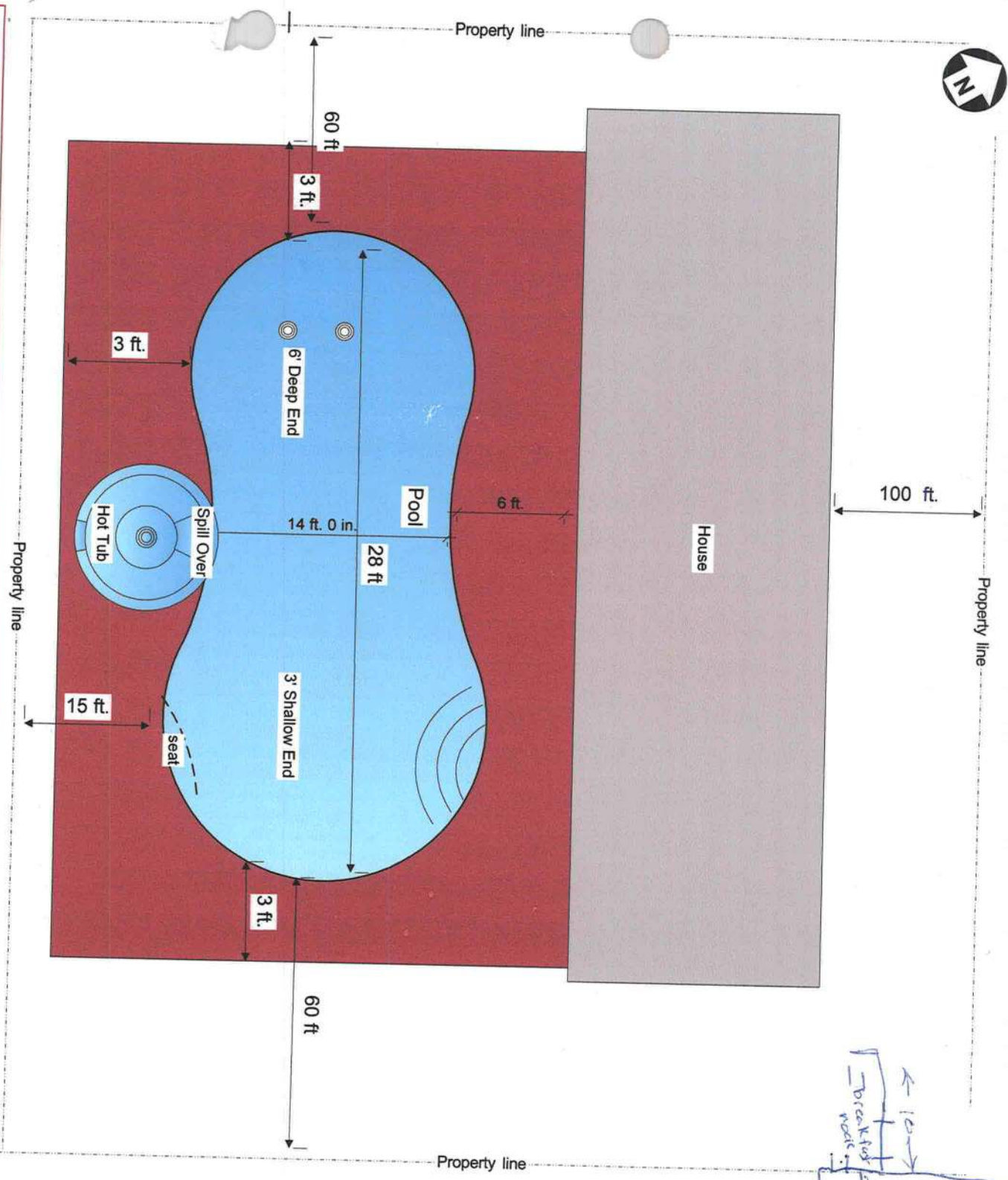
I understand that not having one of the above installed at the time of final inspection, or when the pool is completed for contract purposes, will constitute a violation of Chapter 515, F.S. and will be considered as committing a misdemeanor of the second degree, punishable by fines up to \$500 and/or up to 60 days in jail as established in Chapter 775, F.S.

9/2/04
Contractor's Signature & Date

FRANK SOUCCINCK
Contractor's Name (please print)

9/2/04
Owner's Signature & Date

Cynthia Fetherol
Owner's Name (please print)



Unique Pools & Spas
PO Box 1867
Lake City FL 32025
Phone: 386-752-1014
Fax: 386-752-5613
Designed by: Keryn Breeden
8/24/2004
Designed for: Cynthia Fetherol

THIS INSTRUMENT WAS PREPARED BY:
TERRY McDAVID
POST OFFICE BOX 1328
LAKE CITY, FL 32056-1328

Rec. 10.50
Doc. _____

RETURN TO:
TERRY McDAVID
POST OFFICE BOX 1328
LAKE CITY, FL 32056-1328

Inst:2004004764 Date:03/03/2004 Time:12:48
Doc Stamp-Deed : 1119.30

Property Appraiser's
Parcel Identification No.:

 DC, P. Dewitt Cason, Columbia County B:1008 P:1998

WARRANTY DEED

THIS INDENTURE, made this 27th day of February, 2004, between STANLEY CRAWFORD CONSTRUCTION, INC., a corporation existing under the laws of the State of Florida, whose post office address is 885 SW Sisters Welcome Road, Lake City, FL 32024 and having its principal place of business in the County of Columbia, State of Florida, party of the first part, and CYNTHIA D. FETHEROL, whose post office address is 291 SW Phillips Circle, Lake City, Florida 32024, of the County of Columbia, State of Florida, parties of the second part,

WITNESSETH: that the said party of the first part, for and in consideration of the sum of Ten Dollars (\$10.00), to it in hand paid, the receipt whereof is hereby acknowledged, has granted, bargained, sold, aliened, remised, released, conveyed and confirmed, and by these presents doth grant, bargain, sell, alien, remise, release, convey and confirm unto the said party of the second part, and its heirs and assigns forever, all that certain parcel of land lying and being in the County of Columbia and State of Florida, more particularly described as follows:

Lot 9, TURKEY RUN, a subdivision according to the plat thereof as recorded in Plat Book 7, Pages 116-117 of the public records of Columbia County, Florida.

SUBJECT TO: Restrictions, easements and outstanding mineral rights of record, if any, and taxes for the current year.

TOGETHER with all the tenements, hereditaments and appurtenances, with every privilege, right, title, interest and estate, reversion, remainder and easement thereto belong or in anywise appertaining:

TO HAVE AND TO HOLD the same in fee simple forever.

And the said party of the first part doth covenant with said party of the second part that it is lawfully seized of said premises; that they are free of all encumbrances, and that it has good right and lawful authority to sell the same; and the said party of the first part does hereby fully warrant the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

IN WITNESS WHEREOF, the party of the first part has caused these presents to be signed in its name by its President, the day and year above written.

Signed, sealed and delivered
in our presence:

STANLEY CRAWFORD CONSTRUCTION,
INC.

Lisa C. Ogburn
Lisa C. Ogburn
DeEtte F. Brown
DeEtte F. Brown

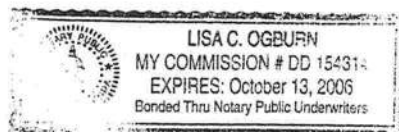
By: Stanley Crawford
STANLEY CRAWFORD, President

Inst:2004004764 Date:03/03/2004 Time:12:48
Doc Stamp-Deed : 1119.30
DC,P.Dewitt Cason,Columbia County B:1008 P:1999

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 27th day of February 2004, by STANLEY CRAWFORD, as President of STANLEY CRAWFORD CONSTRUCTION, INC., a State of Florida corporation, on behalf of the corporation. He is personally known to me and did not take an oath.

Lisa C. Ogburn
Notary Public
My Commission Expires: _____



The Sunshine State

DRIVER LICENSE CLASS E



F364-106-55-690-0

LICENSE NUMBER

CYNTHIA FEE FETHEROL
291 SW PHILLIPS CIRCLE
LAKE CITY, FL 32024-0000

BIRTH DATE	SEX	HGT	REST	ENDORSE
05-30-55	F	5-04		
ISSUED	EXPIRES	Duplicate		
05-28-01	05-30-07	07-15-04		



Cynthia's Jewel

ORGAN DONOR

010407150006

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

SAFE DRIVER

Florida

After Recording return to:

Unique Pools & Spas

PO Box 1867

Lake City, FL 32056

Permit No. _____

Inst:2004024249 Date:10/28/2004 Time:14:07

DC,P.Dewitt Cason,Columbia County B:1029 P:758

NOTICE OF COMMENCEMENT

FS 713.13

State of Florida

County of Columbia

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 is provided in this Notice of Commencement.

1. Legal description of property and street address if available: Lot 9 Turkey Run
plat Book 7 pg 116-117

General description of improvement: Installing in-ground, concrete swimming pool.

2. Owner Information: Name and address:

Cynthia Fetherol
291 SW Phillips Circle Lake City, FL 32024

b. Interest in property: 100%

c. Name and address of fee simple titleholder (if other than Owner) _____

3. Contractor: Name and address: Unique Pools & Spas - PO Box 1867

Lake City, FL 32056

Phone number (386) 752-1014 Fax number (optional, if service by fax is acceptable) (386) 752-5613

4. Surety: Name and address N/A

Phone number N/A Fax number (optional, if service by fax is acceptable) _____

Amount of Bond \$ N/A

Lender: Name and address N/A

Phone number N/A Fax number (optional, if service by fax is acceptable) N/A

5. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes: (name and address): _____

Phone numbers of designated persons _____

Fax number (optional, if service by fax is acceptable) _____

6. In addition to himself or herself, Owner designates _____ of _____
to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

Phone number of person or entity designated by owner _____ Fax
number (optional, if service by fax is acceptable) _____

7. Expiration date of Notice of Commencement (the expiration date is one (1) year from the date of recording unless a different date is specified)

Cynthia D. Fetherol

Signature of Owner

STATE OF FLORIDA