

# Columbia County Building Permit Application

**For Office Use Only** Application # 07A-03 Date Received 11-1-07 By CH Permit # 26382  
 Application Approved by - Zoning Official \_\_\_\_\_ Date \_\_\_\_\_ Plans Examiner \_\_\_\_\_ Date \_\_\_\_\_  
 Flood Zone \_\_\_\_\_ Development Permit \_\_\_\_\_ Zoning \_\_\_\_\_ Land Use Plan Map Category \_\_\_\_\_  
 Comments \_\_\_\_\_  
☒ NOC ☐ EH ☐ Deed or PA ☐ Site Plan ☐ State Road Info ☐ Parent Parcel # ☐ Development Perm

Name Authorized Person Signing Permit Danell Turner Fax 755-4660  
 Address P.O. Box 3307 Lake City FL Phone 755-0086  
 Owners Name Edward Gillenardo Phone 386-758-7659  
 911 Address 215 SW Zebra Terrace L.C., FL 32024  
 Contractors Name Danell Turner D.W. Turner Roofing Phone 755-0086  
 Address P.O. Box 3307 Lake City FL 32056  
 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. - Progressive Energy  
 Property ID Number 26-45-16-03182-003 Estimated Cost of Construction 6800.00  
 Subdivision Name \_\_\_\_\_ Lot 3 Block A Unit \_\_\_\_\_ Phase \_\_\_\_\_  
 Driving Directions 47 South to 242 go Right 1/2 turn left on Zebra 3rd house on right

Type of Construction Ro-roof Number of Existing Dwellings on Property \_\_\_\_\_  
 Total Acreage \_\_\_\_\_ Lot Size \_\_\_\_\_ Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Dri  
 Actual Distance of Structure from Property Lines - Front \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_  
 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 of 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.

Danell Turner  
 Owner Builder or Authorized Person by Notarized Letter

Danell Turner  
 Contractor Signature  
 Contractors License Number RC29027024  
 Competency Card Number \_\_\_\_\_  
 NOTARY STAMP/SEAL

STATE OF FLORIDA  
 COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me  
 this 1 day of November 20 07.

Personally known ☒ or Produced Identification \_\_\_\_\_

Laurie Hodson  
 Notary Signature

NOTICE OF COMMENCEMENT FORM  
COLUMBIA COUNTY, FLORIDA

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.

Tax Parcel ID Number 26-45-16-03182-003

1. Description of property: (legal description of the property and street address or 911 address)

Lot 3 Block A Green  
Seet 26 Trn 4.5 Rags 16 Subd  
Lake City, FL

2. General description of improvement: Re-roof New Shingle Roof

X 3. Owner Name & Address EDWARD GILLENARDO; 215 S.W. ZEBRA TER.  
LAKE CITY, FL. 32024 Interest in Property OWNER

4. Name & Address of Fee Simple Owner (if other than owner):

5. Contractor Name Danell Turner D.W. Turner Roofing Inc Phone Number 755-0085  
Address P.O. Box 3707 Lake City FL

6. Surety Holders Name N/A Phone Number

Address

Amount of Bond

7. Lender Name N/A Phone Number

Address

8. 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 Edward Gillenardo Phone Number

Address

9. In addition to himself/herself the owner designates \_\_\_\_\_ of \_\_\_\_\_

to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) -  
(a) 7. Phone Number of the designee \_\_\_\_\_

10. Expiration date of the Notice of Commencement (the expiration date is 1 (one) year from the date of recording, Unless a different date is specified) \_\_\_\_\_

NOTICE 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.

Signature of Owner



Jana Rae Hurst  
My Commission DD244211  
Expires November 28, 2007

Sworn to (or affirmed) and subscribed before  
day of NOV. 1, 2007

NOTARY STAMP/SEAL

*[Handwritten Signature]*

@ CAM110M01 S CamaUSA Appraisal System  
11/01/2007 8:51 Property Maintenance  
Year T Property  
2008 R (26-45-16-03182-003~ Sel  
Owner GILLENARDO EDWARD & TAMARA + Conf  
Addr 215 SW ZEBRA TER

Columbia County  
20000 Land 001 \*  
AG 000  
81674 Bldg 001  
5455 Xfea 004  
107129 TOTAL B\*  
.836 Total Acres  
Renewal Notice  
(PUD3) MKTA01

City,St LAKE CITY  
Country

FL Zip 32024  
(PUD1)

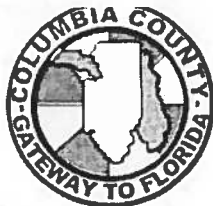
Retain Cap? Y  
(PUD2)

Appr By DF Date 12/12/2003 AppCode UseCd 000100 SINGLE FAMILY  
TxDist Nbhd MktA ExCode Exemption/% TxCode Units Tp  
002 26416.01 01 HX 25000  
GREEN AC

House# 215 Street ZEBRA MD TER Dir SW #  
City LAKE CITY

Subd N/A Condo .00 N/A  
Sect 26 Twn 4S Rnge 16 Subd Blk Lot  
Legals LOT 3 BLOCK A GREEN ACRES S/D ORB 409-09, LIFE EST 756-025,  
769-798,811-1984, 813-2252 PROB #95-190-CP +  
Map# 72 Mnt 3/25/2005 GAIL

F1=Task F2=ExTx F3=Exit F4=Prompt F11=Docs F10=GoTo PgUp/PgDn F24=More



# Columbia County

## BUILDING DEPARTMENT

### Inspection Affidavit

RE: Permit # 26382

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

License #: RC 29027074

On or about 11-3-07 1:30 P.M., I did personally inspect the roof  
(Date & time)

deck nailing and/or secondary water barrier work at 215 SW 2nd St,  
(circle one) (Job Site Address)

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

Danell Turner  
Signature



STATE OF FLORIDA  
COUNTY OF

Sworn to and subscribed before me this 7 day of November, 2007

By Brenda Meads

Notary Public, State of Florida

Brenda Meads  
(Print, type or stamp name)

Commission No.: \_\_\_\_\_

PID

Personally known ✓ or

Produced Identification \_\_\_\_\_

Type of identification produced. \_\_\_\_\_

**\* 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.**