

Subcontractor Verification

Permit # _____

✓ 1163 General Contractor:

Signature

CGC1516998

License

Company Name: House Craft Homes, LLC

✓ 379 Electric Contractor:

Signature

EC13001281

License

Company Name: Cason Electric, Inc.

✓ 1102 HVAC Contractor:

Signature

CAC036941

License

Company Name: Builder's Air of North Florida, Inc.

✓ 728 Plumbing Contractor:

Signature

CFC1427326

License

Company Name: Plumbing Concepts, Inc.

✓ 1153 Roofing Contractor:

Signature

CCC1326752

License

Company Name: Bobby Campbell Roofing, Inc.

758 7600

29674

Fax Back to : 386-758-
2160

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1109-10

CONTRACTOR

Kenneth Davis

PHONE

786-514-5003

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.

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> ELECTRICAL 379 | Print Name _____ License #: <u>Separate Sheet</u> | Signature _____ Phone #: <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> MECHANICAL/ A/C _____ | Print Name <u>Anton D. Tchakarov</u> License #: <u>CAC 1816454</u> | Signature _____ Phone #: <u>866-543-8044</u> |
| <input checked="" type="checkbox"/> PLUMBING/ GAS 728 | Print Name _____ License #: <u>Separate Sheet</u> | Signature _____ Phone #: <input checked="" type="checkbox"/> |
| 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 | | <u>Kenneth Davis</u> |
| INSULATION | | | |
| STUCCO | 660 | Noah Bull | |
| DRYWALL | | | |
| PLASTER | | | |
| CABINET INSTALLER | Owner | | <u>Kenneth Davis</u> |
| PAINTING | Owner | | <u>Kenneth Davis</u> |
| ACOUSTICAL CEILING | | | |
| GLASS | | | |
| CERAMIC TILE | Owner | | <u>Kenneth Davis</u> |
| FLOOR COVERING | Owner | | <u>Kenneth Davis</u> |
| 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.

SUBCONTRACTOR VERIFICATION FORM

Pay Back to : 386-758-2160

APPLICATION NUMBER

1109-10

CONTRACTOR

Kenneth Davis

PHONE

786-514-5003

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

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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.

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> ELECTRICAL 379 | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| <input checked="" type="checkbox"/> MECHANICAL/ A/C | Print Name <u>Anton D. Tchakarov</u> License #: <u>CAC 1816454</u> | Signature <u>[Signature]</u> Phone #: <u>866-543-7044</u> |
| <input checked="" type="checkbox"/> PLUMBING/ GAS 728 | Print Name _____ License #: _____ | Signature _____ 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 | | | |
| <input checked="" type="checkbox"/> FRAMING | Owner | | <u>[Signature]</u> |
| INSULATION | | | |
| <input checked="" type="checkbox"/> STUCCO | 600 | Noah Bull | |
| DRYWALL | | | |
| PLASTER | | | |
| <input checked="" type="checkbox"/> CABINET INSTALLER | Owner | | <u>[Signature]</u> |
| <input checked="" type="checkbox"/> PAINTING | Owner | | <u>[Signature]</u> |
| ACOUSTICAL CEILING | | | |
| GLASS | | | |
| <input checked="" type="checkbox"/> CERAMIC TILE | Owner | | <u>[Signature]</u> |
| <input checked="" type="checkbox"/> FLOOR COVERING | Owner | | <u>[Signature]</u> |
| 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.

Contractor Forms Subcontractor forms 6/09

Columbia County Property Appraiser

DB Last Updated: 5/3/2011

2010 Tax Year

Parcel: 10-7S-17-09971-007

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

Interactive GIS Map

Print

Search Result: 1 of 1

Owner & Property Info

| | | | |
|--|---|--------------|-------|
| Owner's Name | DAVIES KENNETH SR & NANCY | | |
| Mailing Address | 1040 SE ADAMS ST HIGH SPRINGS, FL 32643 | | |
| Site Address | 1040 SE ADAMS ST | | |
| Use Desc. (code) | MOBILE HOM (000200) | | |
| Tax District | 3 (County) | Neighborhood | 10717 |
| Land Area | 5.000 ACRES | Market Area | 02 |
| Description | NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. | | |
| LOT 12 BICENTENNIAL ACRES UNIT 1, ORB 624-124. (DC ROSEMARY LYNN SHELTON ORB 1114-1313),VD 1136-2354, CT 1194-1906 | | | |

**Property & Assessment Values**

| 2010 Certified Values | | |
|-----------------------|----------|--|
| Mkt Land Value | cnt: (0) | \$38,627.00 |
| Ag Land Value | cnt: (4) | \$0.00 |
| Building Value | cnt: (1) | \$17,186.00 |
| XFOB Value | cnt: (3) | \$3,580.00 |
| Total Appraised Value | | \$59,393.00 |
| Just Value | | \$59,393.00 |
| Class Value | | \$0.00 |
| Assessed Value | | \$59,393.00 |
| Exempt Value | | \$0.00 |
| Total Taxable Value | | Cnty: \$59,393 Other: \$59,393 Schl: \$59,393 |

2011 Working Values

NOTE:
2011 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 |
|------------|--------------|---------|-------------------|----------------|------------|--------------|
| 2/11/2011 | 1209/2663 | WD | I | U | 18 | \$41,700.00 |
| 5/11/2010 | 1200/2004 | WD | I | U | 12 | \$100.00 |
| 5/5/2010 | 1194/1906 | CT | I | U | 11 | \$100.00 |
| 11/15/2007 | 1136/2354 | WD | I | Q | | \$121,000.00 |
| 5/1/1984 | 554/624 | AG | V | U | 01 | \$13,900.00 |

Building Characteristics

| Bldg Item | Bldg Desc | Year Blt | Ext. Walls | Heated S.F. | Actual S.F. | Bldg Value |
|--|---------------------|----------|------------|-------------|-------------|-------------|
| 1 | MOBILE HME (000800) | 1996 | (31) | 924 | 924 | \$16,460.00 |
| Note: All S.F. calculations are based on exterior building dimensions. | | | | | | |

Extra Features & Out Buildings

| Code | Desc | Year Blt | Value | Units | Dims | Condition (% Good) |
|------|------------|----------|------------|-------------|-------------|--------------------|
| 0296 | SHED METAL | 1998 | \$1,600.00 | 0000001.000 | 24 x 24 x 0 | (000.00) |
| 0040 | BARN, POLE | 0 | \$100.00 | 0000001.000 | 0 x 0 x 0 | (000.00) |
| 0297 | SHED CONCR | 2001 | \$1,680.00 | 0000672.000 | 12 x 56 x 0 | (000.00) |

Land Breakdown

REPLACEMENT OF RESIDENTIAL DWELLING AGREEMENT

STATE OF FLORIDA
COUNTY OF COLUMBIA

BEFORE ME the undersigned Notary Public personally appeared.

The undersigned, Nancy Davies and Kenneth Davies, Sr., (herein "Owners"), whose physical 911 address is 1040 SE Adams Street, High Springs, FL 32643, hereby understands by executing this Agreement that within 45 days after the issuance of a Certificate of Occupancy for a new residential dwelling (house), the existing residential dwelling (mobile home) shall be removed from the property in order to comply with Columbia County Land Development Regulations (LDR's) on Owner's property, particularly described by reference with Columbia County Property Appraiser Tax Parcel No. 10-7S-17-09971-007, Lot 12, Bicentennial Acres, Unit 1.

Owners have made application to COLUMBIA COUNTY, FLORIDA for a permit which as by definition in the Columbia County LDR's is a residential dwelling on the above reference property. Owners are aware and have been advised that any other uses shall comply with the LDR's and shall obtain any additional permitting or approval as required by the LDR's for such uses. This Agreement is made and given by Affiants with full knowledge and accept the terms of the Agreement and agree to comply with it.

(In Miami - Husband signs)

Owner

Kenneth Davies Sr
Owner

Nancy Davies

Typed or Printed Name

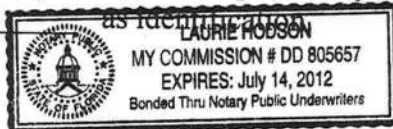
Kenneth Davies, Sr.

Typed or Printed Name

Subscribed and sworn to (or affirmed) before me this 14 day of June, 2011,
by Kenneth Davies Sr (Owner) who is personally known to me or has produced

FL DL

Laurie Hobson
Notary Public



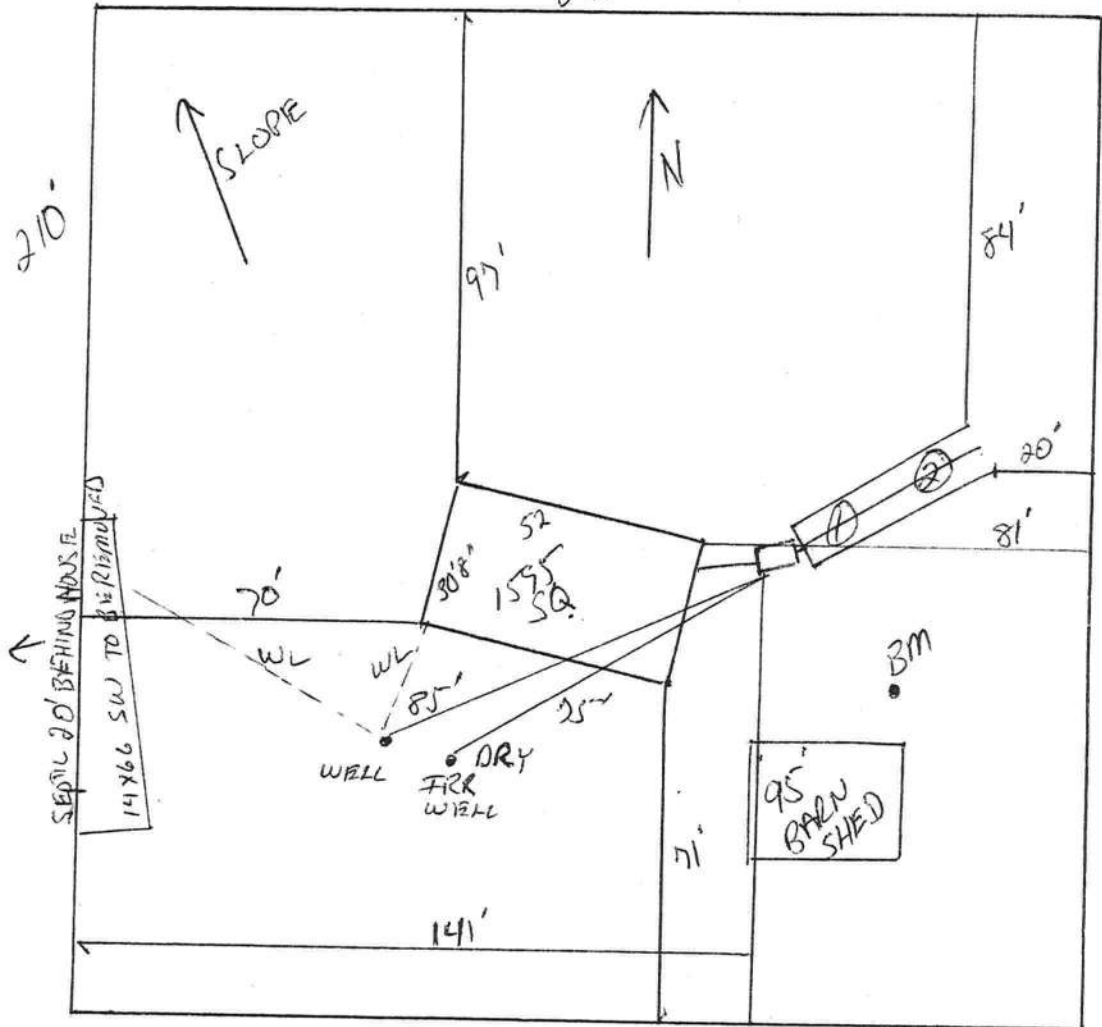
Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____,
by _____ (Owner) who is personally known to me or has produced
_____ as identification.

Notary Public

Permit Application Number 77-0260

PART II - SITEPLAN - - - - 210

SEE
ATTACHED



Notes: 1 of 5 Areas

Site Plan submitted by: Koch D T MASTER CONTRACTOR
Plan Approved [Signature] Not Approved Columbia CHD Date 6/3/11
By [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

(SE)

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

10-75-17-09971-001

Clerk's Office Stamp

Ins#201112013761 Date:9/8/2011 Time:3:13 PM
DC,P DeWitt Cason,Columbia County Page 1 of 1 B:1221 P:45

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):

a) Street (job) Address: 1040 SE Adams St High Springs FL 32643

2. General description of improvements:

3. Owner Information

a) Name and address: Kenneth & Nancy Davies

b) Name and address of fee simple titleholder (if other than owner)

c) Interest in property Owner

4. Contractor Information

a) Name and address: Owner Builder

b) Telephone No.:

Fax No. (Opt.)

5. Surety Information

a) Name and address: N/A

b) Amount of Bond:

c) Telephone No.:

Fax No. (Opt.)

6. Lender

a) Name and address: N/A

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(1)(b), Florida Statutes:

a) Name and address:

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

10.

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

Printed Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 8 day of September, 2011, by:

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

Personally Known OR Produced Identification Type FLDL

Notary Signature

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.

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



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:

1040 SE Adams St. High Springs, FL 32643

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.

September 8, 2011

Kenneth Davies

1040 SE Adams St

High Springs, FL 32643

Columbia County

Building & Zoning Department

Lake City, FL

Dear Sir:

This letter is to inform you that we have changed HVAC contractors in the building of our new house.
The new contractor is Delta Mechanical.

Sincerely,

Kenneth Davies

Nancy Davies

Kenneth Davies
Nancy Davies

813-504-3405

~~Robinson~~

866-543-8044

Anton

D. Tchakarov

CAC 1816454

Fax 813-425-0027

DATE 06/14/2011

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000029474

APPLICANT JOHN D. HARRINGTON PHONE 386-462-5323
ADDRESS 24015 NW OLD BELLAMY RD HIGH SPRINGS FL 32643
OWNER KENNETH & NANCY DAVIES PHONE 786-514-5003
ADDRESS 1040 SE ADAMS ST HIGH SPRINGS FL 32643
CONTRACTOR JOHN D. HARRINGTON JR PHONE 386-462-5323

LOCATION OF PROPERTY 441 S. L ADAMS ST, GO APPROX. 1 MILE ON RIGHT
MH ON PROPERTY

TYPE DEVELOPMENT SFD, UTILITY ESTIMATED COST OF CONSTRUCTION 81500.00

HEATED FLOOR AREA 1580.00 TOTAL AREA 1630.00 HEIGHT 17.00 STORIES 1

FOUNDATION CONCRETE WALLS BLOCK ROOF PITCH 6/12 FLOOR SLAB

LAND USE & ZONING AG-3 MAX. HEIGHT 35

Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00

NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 10-7S-17-09971-007 SUBDIVISION BICENTENNIAL ACRES

LOT 12 BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES 5.00

CGC1516998 

Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor

EXISTING 11-0260 BK HD N

Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: NOC ON FILE

FLOOR ONE FOOT ABOVE THE ROAD

AFFIDAVIT ON FILE- MH REMOVED WITHIN 45 DAYS OF CO Check # or Cash 4280

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 \$ 410.00 CERTIFICATION FEE \$ 8.15 SURCHARGE FEE \$ 8.15

MISC. FEES \$ 0.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$ _____

FLOOD DEVELOPMENT FEE \$ _____ FLOOD ZONE FEE \$ n/c CULVERT FEE \$ _____ TOTAL FEE 476.30

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.

DATE 09/08/2011

Columbia County Building Permit**PERMIT**

This Permit Must Be Prominently Posted on Premises During Construction

000029674

APPLICANT KENNETH DAVIES PHONE 786-514-5003

ADDRESS 1040 SE ADAMS STREET HIGH SPRINGS FL 32643

OWNER KENNETH & NANCY DAVIES PHONE 786-514-5003

ADDRESS 1040 SE ADAMS ST HIGH SPRINGS FL 32643

CONTRACTOR OWNER BUILDER PHONE _____

LOCATION OF PROPERTY 441 S, L ADAMS ST, GO APPROX. 1 MILE ON RIGHT
MH ON PROPERTY

TYPE DEVELOPMENT COMPLETE SFD ESTIMATED COST OF CONSTRUCTION 25000.00

HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT _____ STORIES _____

FOUNDATION _____

Columbia County Building Permit Application

| | | | | | |
|---|--|---|---|---|---|
| For Office Use Only | | Application # <u>1109-10</u> | Date Received <u>9/8/11</u> | By <u>CA</u> | Permit # <u>29674</u> |
| Zoning Official <u>BLK</u> | Date <u>10 June 2011</u> | Flood Zone <u>X</u> | Land Use <u>A-3</u> | Zoning <u>A-3</u> | |
| FEMA Map # <u>N/A</u> | Elevation <u>N/A</u> | MFE <u>1' above RL</u> | River <u>N/A</u> | Plans Examiner <u>10</u> | Date <u>6-6-11</u> |
| Comments <u>Need to sign replacement dwelling affidavit did not attached!</u> | | | | | |
| <input checked="" type="checkbox"/> NOC | <input checked="" type="checkbox"/> EH | <input checked="" type="checkbox"/> Deed or PA | <input checked="" type="checkbox"/> Site Plan | <input checked="" type="checkbox"/> State Road Info | <input checked="" type="checkbox"/> Well letter |
| <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"/> Sub VF Form | <input type="checkbox"/> App Fee Paid |
| IMPACT FEES: EMS _____ Fire _____ Corr _____ | | Road/Code _____ School <u>Replacement</u> = TOTAL (Suspended) _____ | | | |

Septic Permit No. 11 0260

Fax _____

Name Authorized Person Signing Permit Kenneth Davies Phone 786-514-5003

Address _____

Owners Name Kenneth Davies Phone 786-514-5003911 Address 1040 SE ADAMS ST High Springs FL 32643Contractors Name Owner Builder

Address _____

Fee Simple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address MARK DISOWAY PE LE 32055 House Bldg HomeMortgage Lenders Name & Address CASHCircle the correct power company - FL Power & Light - Clay Elec - Suwannee Valley Elec. - Progress EnergyProperty ID Number 10-75-17-09971-007 Estimated Cost of Construction 25,000.00Subdivision Name Bicentennial ACRES Lot 12 Block _____ Unit _____ Phase _____Driving Directions 441 South Towards High Springs TL ONADAMS T go Approx 1 mile - House draft sign onRight Number of Existing Dwellings on Property 1Construction of Completion of Residence Total Acreage 5 Lot Size _____Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive Total Building Height 17'Actual Distance of Structure from Property Lines - Front 200' Side 30' Side 120' Rear 100'Number of Stories 1 Heated Floor Area 1580 Total Floor Area 1630 Roof Pitch 6/12

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 1-11

not T. in on 6.10.11

Columbia County Building Permit Application

| | | | | | |
|--|--------------------------|------------------------------|-----------------------------|--------------------------------------|---------------------------------------|
| For Office Use Only | | Application # <u>1109-10</u> | Date Received <u>9/8/11</u> | By <u>CH</u> | Permit # <u>29674</u> |
| Zoning Official <u>BLK</u> | Date <u>10 June 2011</u> | Flood Zone <u>X</u> | Land Use <u>A-3</u> | Zoning <u>A-3</u> | |
| FEMA Map # <u>N/A</u> | Elevation <u>N/A</u> | MFE <u>1' above RL</u> | River <u>N/A</u> | Plans Examiner <u>LD</u> | Date <u>6-6-11</u> |
| Comments <u>Need to sign replacement dwelling affidavit. Not attached!</u> | | | | | |
| <input checked="" type="checkbox"/> NOC <input checked="" type="checkbox"/> EH <input type="checkbox"/> Deed or PA <input type="checkbox"/> Site Plan <input type="checkbox"/> State Road Info <input checked="" 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 | | | | | |
| IMPACT FEES: EMS _____ | | Fire _____ | Corr _____ | <input type="checkbox"/> Sub VF Form | |
| Road/Code _____ | | School <u>Replacement</u> | = TOTAL (Suspended) | | <input type="checkbox"/> App Fee Paid |

Septic Permit No. 11 0260 Fax _____

Name Authorized Person Signing Permit Kenneth Davies Phone 786-514-5003

Address _____

Owners Name Kenneth Davies Phone 786-514-5003

911 Address 10410 SE ADAMS ST High Springs FL 32643

Contractors Name Owner Builder

Address _____

Fee Simple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address MARK DISOSWIG, P.E. LE # 32055, House Craft Home

Mortgage Lenders Name & Address CASH

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

Property ID Number 10-75-17-09971-007 Estimated Cost of Construction 25,000.00

Subdivision Name Bicentennial ACRES Lot 12 Block _____ Unit _____ Phase _____

Driving Directions 441 South Towards High Springs TL on ADAMS T go approx 1 mile - House Craft sign on right

- 5th will be the 1st
 Number of Existing Dwellings on Property 1

Construction of Completion of Residence Total Acreage 5 Lot Size _____

Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive Total Building Height 17'

Actual Distance of Structure from Property Lines - Front 200' Side 30' Side 120' Rear 100'

Number of Stories 1 Heated Floor Area 1580 Total Floor Area 1630 Roof Pitch 6/12

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 1-11

JW spoke w: J. D. Jr. on 6.10.11

DATE 09/08/2011

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000029674

APPLICANT KENNETH DAVIES PHONE 786-514-5003
ADDRESS 1040 SE ADAMS STREET HIGH SPRINGS FL 32643
OWNER KENNETH & NANCY DAVIES PHONE 786-514-5003
ADDRESS 1040 SE ADAMS ST HIGH SPRINGS FL 32643
CONTRACTOR OWNER BUILDER PHONE
LOCATION OF PROPERTY 441 S. L ADAMS ST, GO APPROX. 1 MILE ON RIGHT
MH ON PROPERTY
TYPE DEVELOPMENT COMPLETE SFD ESTIMATED COST OF CONSTRUCTION 25000.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS ROOF PITCH FLOOR
LAND USE & ZONING AG-3 MAX. HEIGHT 35
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 10-7S-17-09971-007 SUBDIVISION BICENTENNIAL ACRES
LOT 12 BLOCK PHASE UNIT TOTAL ACRES 5.00

Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 11-0260 BK TC N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: NOC ON FILE

COMPLETION PERMIT FOR OWNERS TO COMPLETE SFD CONSTRUCTION

SHELL PERMIT # 29474 Check # or Cash CASH

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power date/app. by Foundation date/app. by Monolithic date/app. by
Under slab rough-in plumbing date/app. by Slab date/app. by Sheathing/Nailing date/app. by
Framing date/app. by Insulation 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 Pool date/app. by
Permanent power date/app. by C.O. Final date/app. by Culvert date/app. by
Pump pole date/app. by Utility Pole date/app. by M/H tie downs, blocking, electricity and plumbing date/app. by
Reconnection date/app. by RV date/app. by Re-roof date/app. by

BUILDING PERMIT FEE \$ 125.00 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 125.00

INSPECTORS OFFICE L.H. 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 Permit Application

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 (Permitee)

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)

29674

Fax Back to : 386-758-

SUBCONTRACTOR VERIFICATION FORM

2160

APPLICATION NUMBER 1109-10CONTRACTOR Kenneth DavisPHONE 786-514-5003

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.

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> ELECTRICAL 379 | Print Name _____ License #: <u>Separate Sheet</u> | Signature _____ Phone #: <u>✓</u> |
| <input checked="" type="checkbox"/> MECHANICAL/ A/C _____ | Print Name <u>Anton D. Tchakarov</u> License #: <u>CAC 1816454</u> | Signature _____ Phone #: <u>866-543-8044</u> |
| <input checked="" type="checkbox"/> PLUMBING/ GAS 728 | Print Name _____ License #: <u>Separate Sheet</u> | Signature _____ Phone #: <u>✓</u> |
| 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 | <u>Owner</u> | | <u>Kenneth Davis</u> |
| INSULATION | | | |
| STUCCO | <u>600</u> | <u>Noah Bull Plastering</u> | <u>Noah Bull</u> |
| DRYWALL | | | |
| PLASTER | | | |
| CABINET INSTALLER | <u>Owner</u> | | <u>Kenneth Davis</u> |
| PAINTING | <u>Owner</u> | | <u>Kenneth Davis</u> |
| ACOUSTICAL CEILING | | | |
| GLASS | | | |
| CERAMIC TILE | <u>Owner</u> | | <u>Kenneth Davis</u> |
| FLOOR COVERING | <u>Owner</u> | | <u>Kenneth Davis</u> |
| 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.

Pls Stamp
his signature
APPLICATION NUMBER

813.425.0627

SUBCONTRACTOR VERIFICATION FORM

CONTRACTOR Kenneth DaviesPHONE 786-514-5003

29674

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| | | |
|---------------------------|--|--|
| ELECTRICAL | Print Name _____ License #: _____ | Signature _____ Phone #: _____ |
| MECHANICAL/ A/C | Print Name <u>Anton D. Tchakarov</u> License #: <u>CAC1816454</u> | Signature <u>[Signature]</u> Phone #: <u>904-735-6299</u> |
| PLUMBING/ GAS | Print Name _____ License #: _____ | Signature _____ 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 | | | |
| INSULATION | | | |
| STUCCO | | | |
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Contractor Permit Subcontractor form 6/06

fax back to 386-758-2160

COLUMBIA COUNTY
FLORIDA

OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 10-7S-17-09971-007

Building permit No. 000029674

Use Classification COMPLETE SFD

Fire: 201.00

Permit Holder OWNER BUILDER

Waste: 77.00

Owner of Building KENNETH & NANCY DAVIES

Total: 278.00

Location: 1040 SE ADAMS STREET, HIGH SPRINGS, FL 32643

Date: 10/19/2011

Gray Cur

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)



813.425.0621

SUBCONTRACTOR VERIFICATION FORM

CONTRACTOR Kenneth Davies

PHONE

786-514-5003

APPLICATION NUMBER

29674

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| | | | |
|-----------------------|------------|-----------|---------|
| ELECTRICAL | Print Name | Signature | Phone # |
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| PLUMBING/GAS | Print Name | Signature | Phone # |
| ROOFING | Print Name | Signature | Phone # |
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| | | | |
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| MASON | | | |
| CONCRETE FINISHER | | | |
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Contractor Form 1000 Subcontractor Form 1000

fax back to 386-758-2160

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Owners Signature

OWNERS BUILDERS MUST PERSONALLY APPEAR AND SIGN THE BUILDING PERMIT. 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
Cac 1816454
Columbia County
Competency Card Number

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 19 day of Sept 2011.

State of Florida Notary Signature (For the Contractor)

SEAL:



JANIS A. KINDER
MY COMMISSION # DD 759178
EXPIRES: February 14, 2012
Bonded thru Budget Notary Services