

20908

Columbia County Building Permit Application

For Office Use Only Application # 1202-10 Date Received 2-3-12 By CH Permit # 29915

Zoning Official _____ Date _____ Flood Zone _____ Land Use _____ Zoning _____

FEMA Map # _____ Elevation _____ MFE _____ River _____ Plans Examiner _____ Date _____

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) ☒ App Fee Paid

Septic Permit No. 02-0788-N (New) Fax _____

Name Authorized Person Signing Permit JAMES RICE Phone 772-633-4119

Address 5500 SW OLD WIRE RD, FT WHITE, FL 32038

Owners Name JAMES RICE Phone 772-633-4119

911 Address 5500 SW OLD WIRE RD, FT WHITE, FL 32038

Contractors Name JAMES RICE Phone 772-633-4119

Address 5500 SW OLD WIRE RD, FT WHITE, FL 32038

Fee Simple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address _____

Mortgage Lenders Name & Address N/A

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

Property ID Number 02-65-16-03765-001 Estimated Cost of Construction 10,000.00

Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____

Driving Directions 47-S TO HERLONG RD, GO LEFT TO OLD WIRE ROAD, LEFT TO SECOND DRIVEWAY ON LEFT ON OLD WIRE RD.

Number of Existing Dwellings on Property 0

Construction of SINGLE FAMILY DWELLING Total Acreage 30 ACRES Lot Size _____

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 784 Total Floor Area 784 Roof Pitch 5'12

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

☒ Letter stating where in the construction process the home is now.

clt# 5272

Columbia County Building Permit Application

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.

X 

(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)

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

02-65-16-03765-001

Clerk's Office Stamp

Inst: 201212001619 Date: 2/3/2012 Time: 9:42 AM
DC: P. DeWitt Cason, Columbia County Page 1 of 1 B: 1229 P: 395

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): SECTION 2, TOWNSHIP 6 SOUTH, RANGE 16 EAST
a) Street (job) Address: 5500 SW OLD WIRE RD, FT WHITE, FL 32038
2. General description of improvements: COMPLETE CONSTRUCTION OF HOME ON PREMISES.
3. Owner Information
a) Name and address: JAMES RICE
b) Name and address of fee simple titleholder (if other than owner) _____
c) Interest in property _____
4. Contractor Information
a) Name and address: JAMES RICE 5500 SW OLD WIRE RD, FT WHITE, FL 32038
b) Telephone No.: 772-633-4119 Fax No. (Opt.) _____
5. Surety Information
a) Name and address: _____
b) Amount of Bond: _____
c) Telephone No.: _____ Fax No. (Opt.) _____
6. Lender
a) Name and address: _____
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.

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

Printed Name

James Rice

The foregoing instrument was acknowledged before me, a Florida Notary, this 3 day of February, 20 12, by:
James Rice 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 AOL

Notary Signature [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.

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

**Columbia County Property
Appraiser**

DB Last Updated: 1/17/2012

2011 Tax Year

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

Interactive GIS Map

Print

Parcel: 02-6S-16-03765-001

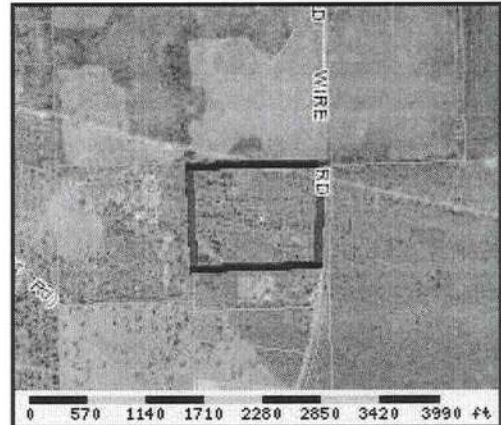
<< Next Lower Parcel

Next Higher Parcel >>

Search Result: 1 of 1

Owner & Property Info

Owner's Name	RICE JAMES & ROBBIN		
Mailing Address	4555 MYRTLE BEACH DRIVE SEBRING, FL 33872		
Site Address	MYRTLE BEACH DRIVE		
Use Desc. (code)	TIMBERLAND (005500)		
Tax District	3 (County)	Neighborhood	2616
Land Area	29.000 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. THE NE1/4 OF SE1/4 LYING W OF OLD WIRE RD, EX THE S 299.22 FT. ORB 826-2304, 843-1195, 913-2463, 855-1262, WD 1126- 1375.		

**Property & Assessment Values**

2011 Certified Values		
Mkt Land Value	cnt: (1)	\$19,391.00
Ag Land Value	cnt: (1)	\$6,250.00
Building Value	cnt: (0)	\$0.00
XFOB Value	cnt: (2)	\$13,248.00
Total Appraised Value		\$38,889.00
Just Value		\$194,335.00
Class Value		\$38,889.00
Assessed Value		\$38,889.00
Exempt Value		\$0.00
Total Taxable Value	Cnty: \$38,889 Other: \$38,889 Schl: \$38,889	

2012 Working Values

NOTE:
2012 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
7/24/2007	1126/1375	WD	I	Q		\$150,000.00
10/15/2002	965/1262	WD	V	Q		\$75,000.00
10/25/2000	913/2463	WD	V	U	01	\$34,300.00
8/9/1996	826/2304	WD	V	Q		\$46,500.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
NONE						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0294	SHED WOOD/	2003	\$3,840.00	0000512.000	16 x 32 x 0	(000.00)
0296	SHED METAL	2007	\$9,408.00	0000784.000	28 x 28 x 0	(000.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000700	MISC RES (MKT)	4 AC	1.00/1.00/1.00/1.00	\$4,363.07	\$17,452.00
009910	MKT.VAL.AG (MKT)	25 AC	1.00/1.00/1.00/1.00	\$0.00	\$109,076.00



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE DISPOSAL SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT
Authority: Chapter 381, FS

CENTRAX #: 12-SC-03858
DATE PAID: 10-18-02
FEE PAID: \$200.00
RECEIPT: 5021018002
OSTDSNBR: 02-0768-N

02-0768-N

APPLICATION FOR:

[X] New System [] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary [NA]

APPLICANT: Burke, Michael & Penny TELEPHONE: 352 870-7439

AGENT: OWNER, Property Owner, Owner

MAILING ADDRESS: P.O.Box 1763 FW 32038

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. ATTACH BUILDING PLAN AND TO-SCALE SITE PLAN SHOWING PERTINENT FEATURES REQUIRED BY CHAPTER 64E-6, FLORIDA ADMINISTRATIVE CODE.

PROPERTY INFORMATION [IF LOT IS NOT IN A RECORDED SUBDIVISION, ATTACH LEGAL DESCRIPTION OR DEED]

LOT: BLOCK: SUBDIVISION: Not Applicable PLATTED:

PROPERTY ID #: 02-6S-16E-03765-001 ZONING: I / M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: 30.00 ACRES [Sqft/43560] PROPERTY WATER SUPPLY: [X] PRIVATE [] PUBLIC

IS SEWER AVAILABLE AS PER 381.0065, FLORIDA STATUTES? [Y / (N)] DISTANCE TO SEWER: FT

PROPERTY STREET ADDRESS: Old Wire Road, Ft.White (911 Address) 5500 SW Old Wire Rd
FW 32038

DIRECTIONS TO PROPERTY:

41 SOUTH TR ON TUSTENUGGEE TR ON HERLONG, TR ON OLD WIRE ROAD APPROX 1/2 MILE ON LEFT WOOD FENCE MARKS DRIVEWAY. WILL HAVE GREEN FLAG OUT FRONT

BUILDING INFORMATION [X] RESIDENTIAL [] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	# Persons Served	Business Activity For Commercial Only
1	3 Bdrm Single/Multi Fa	3	1680	3	

[N] Floor/Equipment Drains [] Other (Specify)

APPLICANT'S SIGNATURE: [Signature]
DH 4015, 03/97 (Obsoletes previous editions which may not be used)
(Stock Number: 5744-001-4015-1) [ostds_appl_4015-1]

DATE: 10/18/02



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:

5560 SW Old Wire Rd, Fort White, FL 32038.

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 Complete SFD 20908

I, JAMES RICE, 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] Owner Builder Signature Date 2/3/12

NOTARY OF OWNER BUILDER SIGNATURE

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

Notary Signature [Signature] Date 2-3-12 (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]

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR JAMES RICE PHONE 772-633-4119

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 <u>OWNER</u>	Signature _____	Phone #: _____
MECHANICAL/ A/C	Print Name <u>Harry Moseley</u>	Signature <u>Harry Moseley</u>	Phone #: <u>386-752-2368</u>
PLUMBING/ GAS	Print Name <u>MAUR BAYS</u>	Signature <u>M Bays</u>	Phone #: <u>752-8656</u>
ROOFING	Print Name _____	Signature _____	Phone #: _____
SHEET METAL	Print Name _____	Signature _____	Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name <u>N/A</u>	Signature _____	Phone #: _____
SOLAR	Print Name <u>N/A</u>	Signature _____	Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON		N/A	
CONCRETE FINISHER		N/A	
FRAMING		N/A	
INSULATION		N/A	
STUCCO		N/A	
DRYWALL		OWNER	J C R
PLASTER		N/A	
CABINET INSTALLER		OWNER	J C R
PAINTING		OWNER	J C R
ACOUSTICAL CEILING		N/A	
GLASS		N/A	
CERAMIC TILE		OWNER	J C R
FLOOR COVERING		N/A	
ALUM/VINYL SIDING		OWNER	J C R
GARAGE DOOR		N/A	
METAL BLDG ERECTOR		N/A	

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.

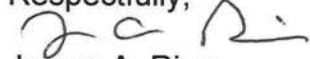
Contractor Forms: Subcontractor form: 6/09

February 3, 2012

Status letter of Single Family Residence located at 5500 SW OLD WIRE RD.

The Single Family Residence, Property ID # 02-6S-16-03765-001, located at 5500 SW Old Wire Rd, Ft White, FL is partially constructed. The concrete slab, walls, roof, windows and doors are all completed and/or installed. I am in the process of getting the building permit reinstated so that I may complete the home.

Respectfully,



James A. Rice
5500 SW OLD WIRE RD
FT WHITE, FL 32038
772-633-4119

DATE	INSPECTION	INSPECT.	OWNER	PASS	LOCATION	PERMIT
7/28/03	Mono Slab	Richard	Mike Burke	OK	Old Wire Road	20908
7/28/03	Set Backs	Richard	Mike Burke	OK	Old Wire Road	20908
9/17/03	Spotcheck	Harry	Clyde Worrell - Burke	OK	5500 SW Old Wire Road	20908

DATE 02/03/2012

Columbia County Building Permit
This Permit Must Be Prominently Posted on Premises During Construction**PERMIT**
000029915

APPLICANT JAMES RICE PHONE 772-633-4119
ADDRESS 5500 SW OLD WIRE RD FORT WHITE FL 32038
OWNER JAMES RICE PHONE 772-633-4119
ADDRESS 5500 SW OLD WIRE ROAD FT. WHITE FL 32038
CONTRACTOR OWNER BUILDER PHONE 772-633-4119
LOCATION OF PROPERTY 47-S, L HERLONG RD, L OLD WIRE ROAD, 2ND DRIVE ON LEFT
ON OLD WIRE RD
TYPE DEVELOPMENT COMPLETE SFD INTER ESTIMATED COST OF CONSTRUCTION 15000.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS ROOF PITCH FLOOR
LAND USE & ZONING AG-3 MAX. HEIGHT
Minimum Set Back Requirments: STREET-FRONT REAR SIDE
NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 02-6S-16-03765-001 SUBDIVISION
LOT BLOCK PHASE .00 UNIT 0 TOTAL ACRES 29.00

Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 02-0768-N BK RJ N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: COMPLETION OF SFD PERMIT # 20908, NO ADDITION TO SFD

OWNER BUILDER DISCLOSURE STATEMENT ON FILE

NOC ON FILE

Check # or Cash 5272**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 \$ 75.00 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** 75.00
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."

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 07/22/2003

Columbia County
Building Permit / Application

PERM
00002090
New Resident

This Permit Expires One Year From Date of Issue

APPLICANT CLYDE WORRELL PHONE 352.215.6105
ADDRESS 28 TURKEY CREEK ALACHUA FL 32615
OWNER MICHAEL & PENNY BURKE PHONE 386.752.6983
ADDRESS 5500 SW OLD WIRE ROAD FT. WHITE FL 32038
CONTRACTOR MICHAEL & PENNY BURKE PHONE 386.752.6983
LOCATION OF PROPERTY 47-S TO HERLONG RD, L, GO TO OLD WIRE ROAD, L
1ST DRIVEWAY ON LEFT.
TYPE DEVELOPMENT SFD,SEPTIC,UTILITY ESTIMATED COST OF CONSTRUCTION 23520.00
FLOOR AREA 784.00 TOTAL AREA 784.00 HEIGHT 15.00 STORIES 1 WALLS FRAMED
FOUNDATION CONC ROOF (Type & Pitch) 5'12 FLOOR CONC
LAND USE & ZONING A-3 MAX. HEIGHT 35
MINIMUM SET BACK: STREET-FRONT / SIDE 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 0 FLOOD ZONE X CERT. DATE _____ DEV. PERMIT _____

LEGAL DESCRIPTION

PARCEL ID 02-6S-16-03765-001 SUBDIVISION _____
BLOCK _____ LOT _____ UNIT _____ TOTAL ACRES 30

I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction and that all foregoing information is accurate and all work will be done in compliance with all applicable laws regulating construction and zoning.

EXISTING _____ OWNER Clyde Worrell
Driveway Connection _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor
02-0768-N BLK JDK
Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance

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 _____ framing _____
date/app. by _____ date/app. by _____ date/app. by _____
Rough-in plumbing above slab and below wood floor _____
date/app. by _____
Electrical rough-in _____ Heat and Air Duct _____ Peri. beam _____
date/app. by _____ date/app. by _____ date/app. by _____
Permanent power _____ Final _____ Pool _____
date/app. by _____ date/app. by _____ date/app. by _____

COMMENTS: NOC ON FILE. 1 FT ABOVE RD. CK# 2065

OTHER TYPES OF INSPECTIONS

Culvert _____ M/H tie downs, blocking, electricity and plumbing _____
date/app. by _____ date/app. by _____
Utility Pole _____ Pump pole _____ Reconnection _____
date/app. by _____ date/app. by _____ date/app. by _____
BUILDING PERMIT FEE \$ 120.00 ZONING CERT. FEE \$ 25.00 Certification Fee \$ 3.92 Surcharge \$ 3.92
MISC. FEES \$.00 CULVERT FEE \$ _____ TOTAL PERMIT FEE \$ 152.84
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

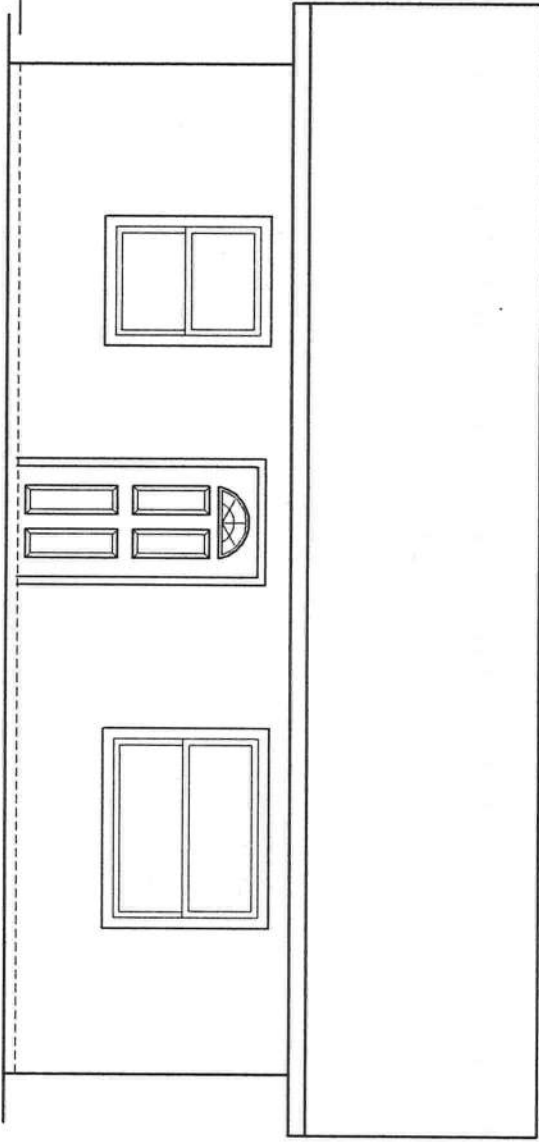
PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION. IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVENIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

±14' 4-1/2"
RIDGE HT.

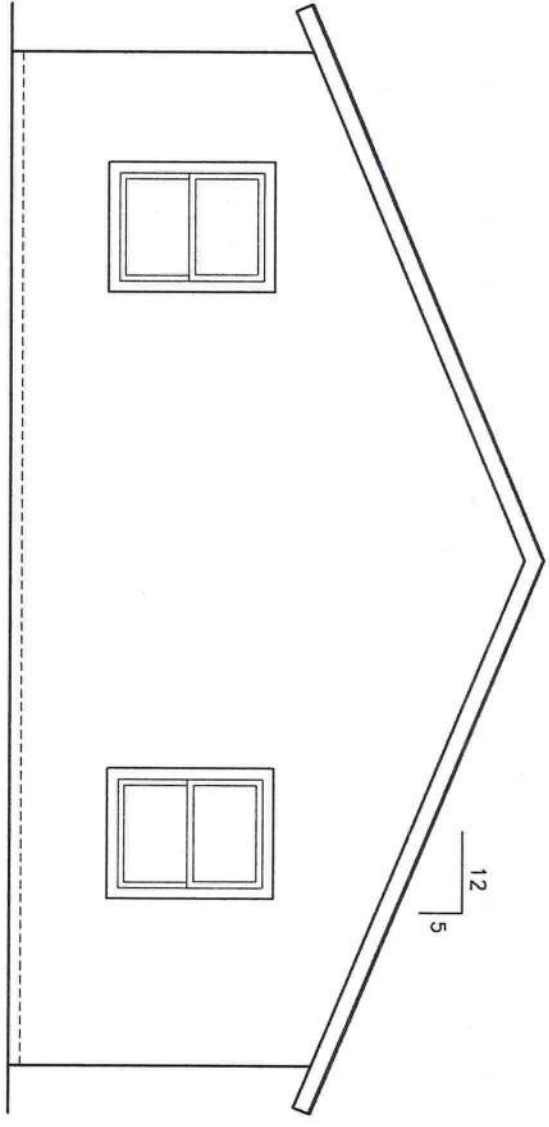
0'-0"
A.F.F.

0'-0"
A.F.F.

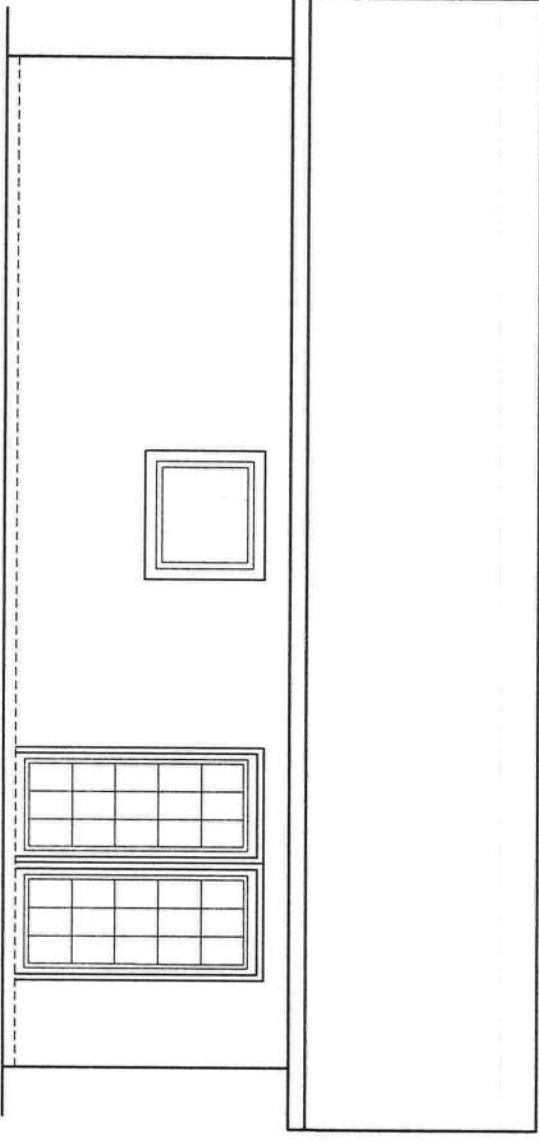


FRONT ELEVATION
SCALE: 1/4"=1'-0"

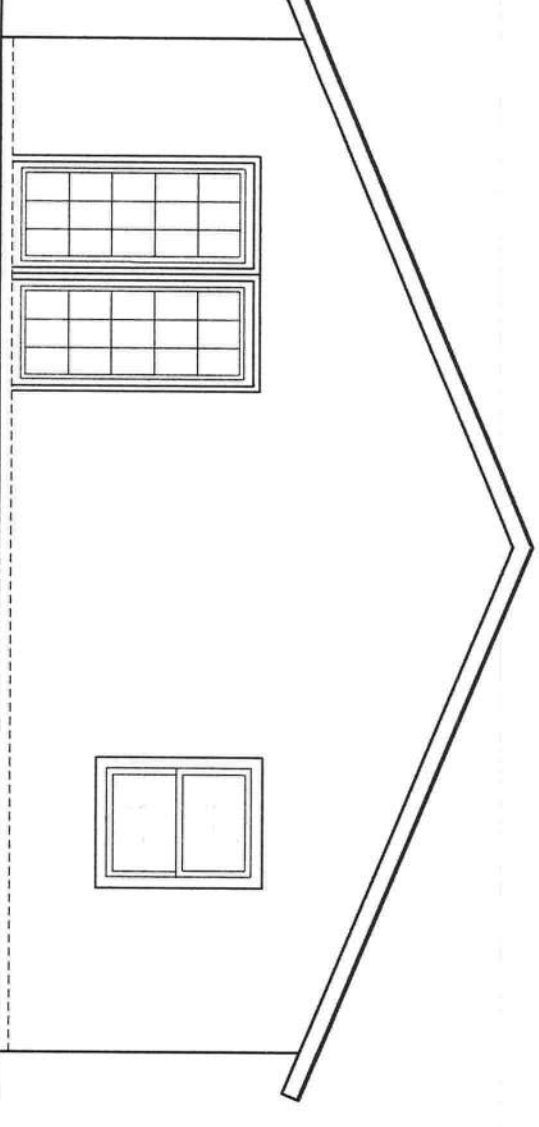
12
5



LEFT ELEVATION
SCALE: 1/4"=1'-0"



BACK ELEVATION
SCALE: 1/4"=1'-0"



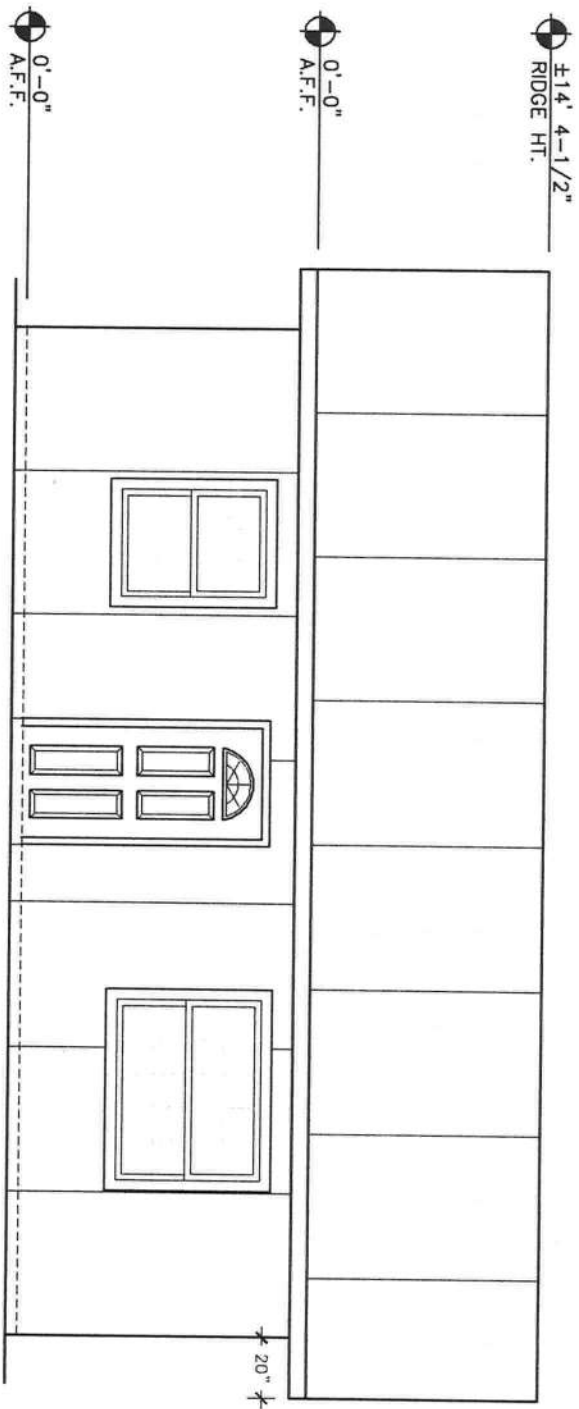
RIGHT ELEVATION
SCALE: 1/4"=1'-0"

MARCLY
28 TURKEY CREEK
ALACHUA, FL 32615
CELL: 215-6105 FAX: (386)-462-5526

CERTIFIED BUILDING
CONTRACTOR CBC A09591

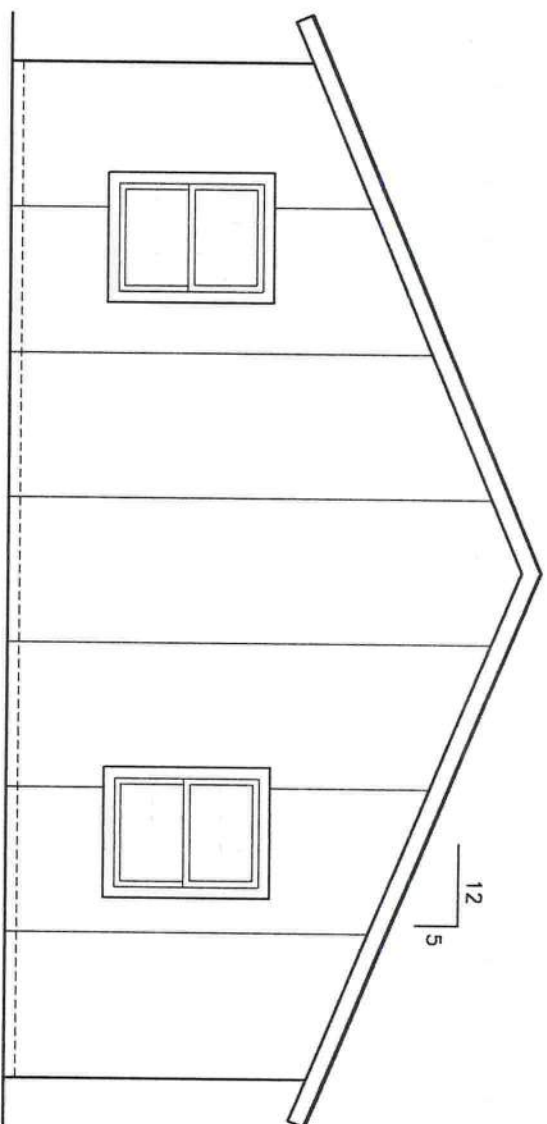
PENNY & MICHAEL BURKE RESIDENCE
784 S.F. 1 STORY, 1 BDRM, 1 BATH
5500 OLD WIRE RD.
COLUMBIA COUNTY

PROJECT No. DD-001
DRAWN BY: M.A.B.
DATE: 06-12-03
REVISED:



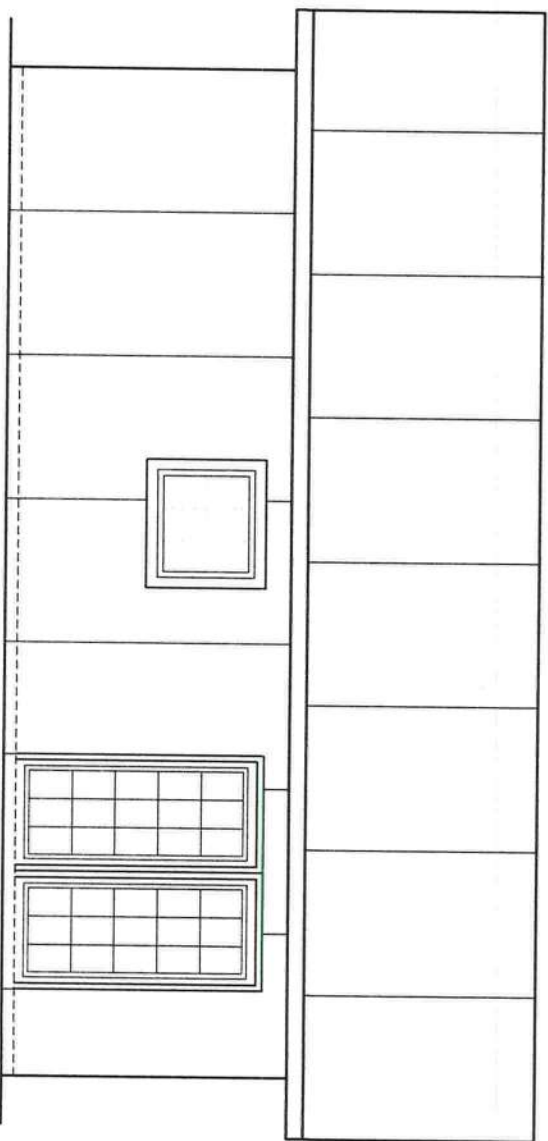
FRONT ELEVATION

SCALE: 1/4"=1'-0"



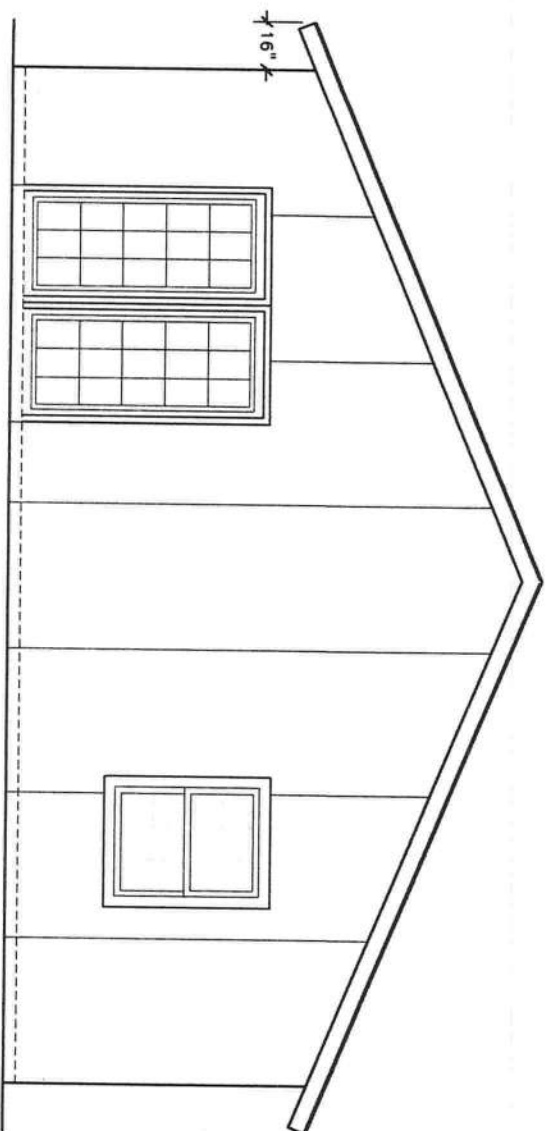
LEFT ELEVATION

SCALE: 1/4"=1'-0"



BACK ELEVATION

SCALE: 1/2"=1'-0"



RIGHT ELEVATION

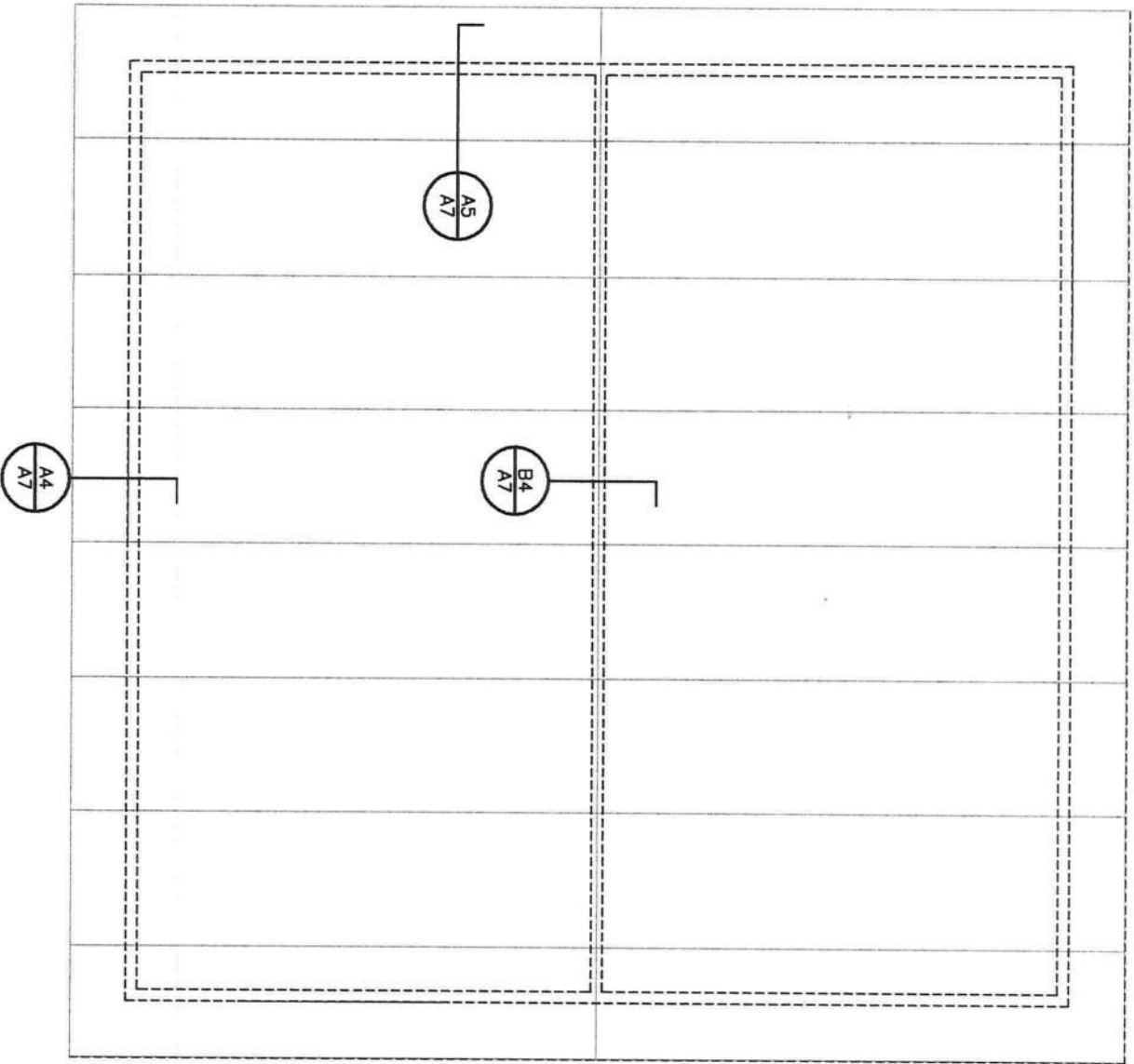
SCALE: 1/2"=1'-0"

PENNY & MICHAEL BURKE RESIDENCE
784 S.F. 1 STORY, 1 BDRM, 1 BATH
5500 OLD WIRE RD.
COLUMBIA COUNTY

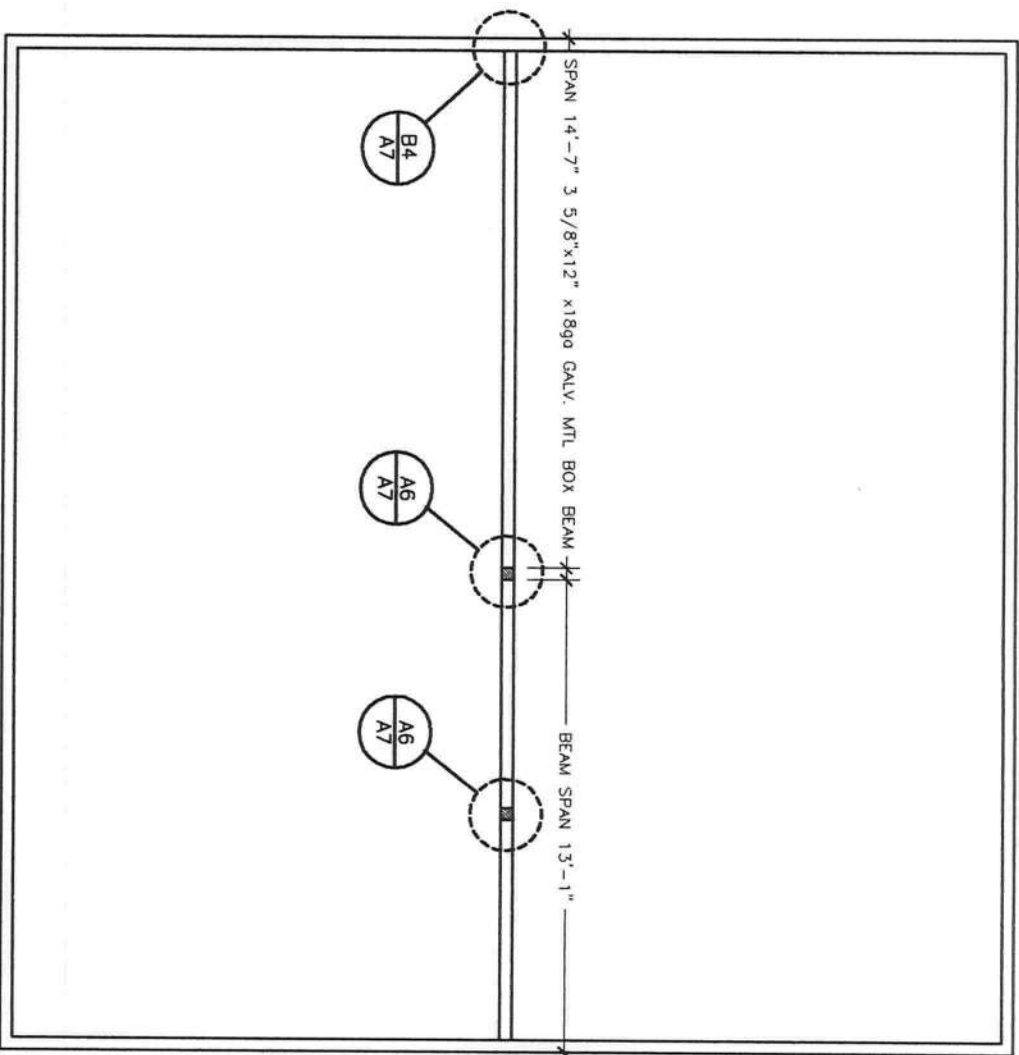
PROJECT No. DD-001
DRAWN BY: M.A.B.
DATE: 06-12-03
REVISED:

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CERTIFIED BUILDING
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ROOF PANEL PLAN
SCALE: 3/8"=1'-0"



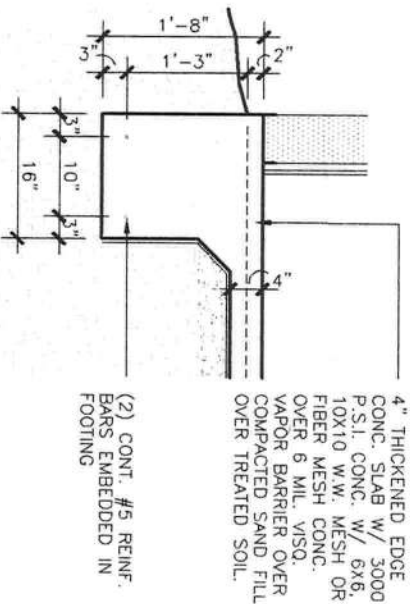
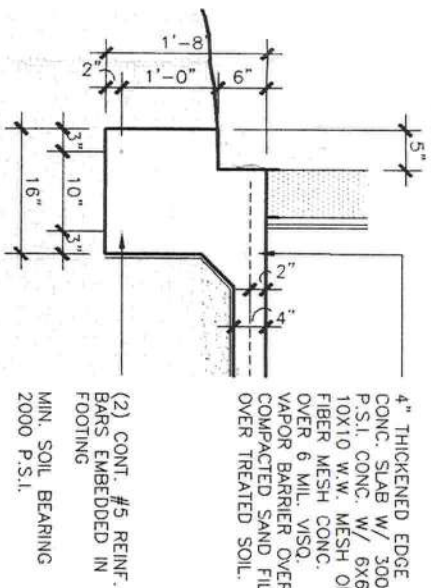
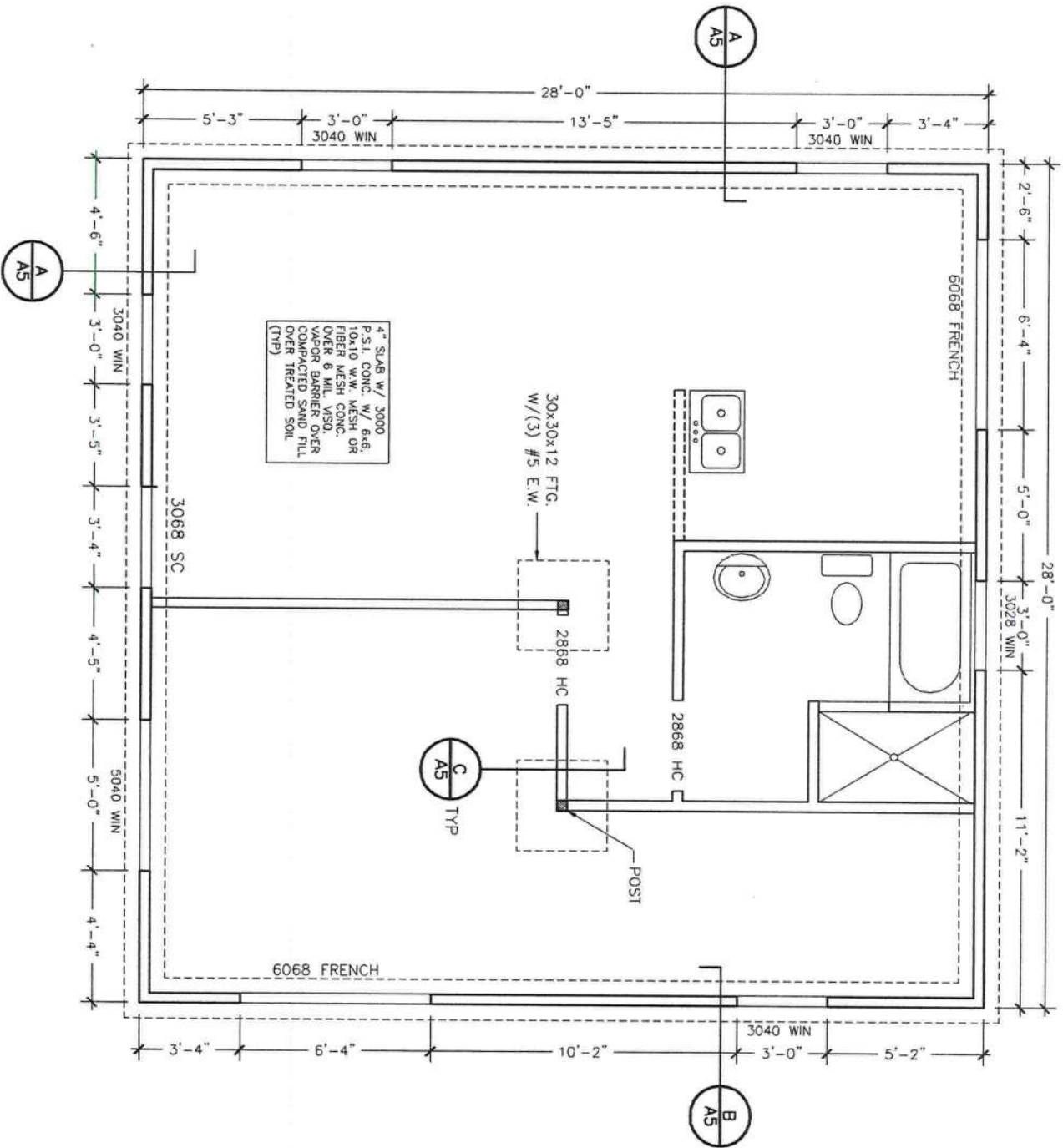
ROOF FRAMING PLAN
SCALE: 3/8"=1'-0"

PENNY & MICHAEL BURKE RESIDENCE
784 S.F. 1 STORY, 1 BDRM, 1 BATH
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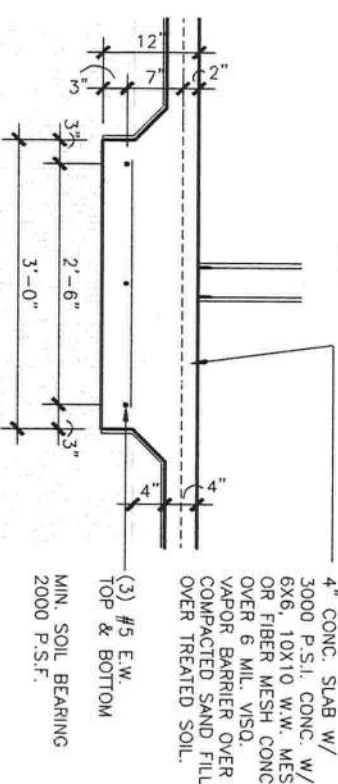
CERTIFIED BUILDING
CONTRACTOR CBC A09591

PROJECT No. DP-001
DRAWN BY: M.A.B.
DATE: 06-12-03
REVISED:



FOUNDATION DETAIL A

FOUNDATION DETAIL B



FOUNDATION DETAIL C

FOUNDATION NOTES

1. ALL SAND FILL SHALL BE CLEAN & COMPACTED TO 98% STANDARD PROCTOR MAXIMUM DRY DENSITY
2. ALL REINFORCING SHALL BE CONTINUOUS W/ 18" MINIMUM LAPS AND TIED SECURELY
3. ALL CONCRETE TO BE PLACED & CURED IN ACCORDANCE THE LATEST ACI SPECIFICATIONS
4. CONTRACTOR TO VERIFY SOIL BEARING CAPACITY IS IN ACCORDANCE WITH THESE DRAWINGS.
5. SEE DETAIL A1/A6 FOR ALTERNATE MONOLITHIC FOUNDATION DESIGN TO BE USED IN LIEU OF STEM WALL AT CONTRACTORS DISCRETION (BRICK OPTIONAL)

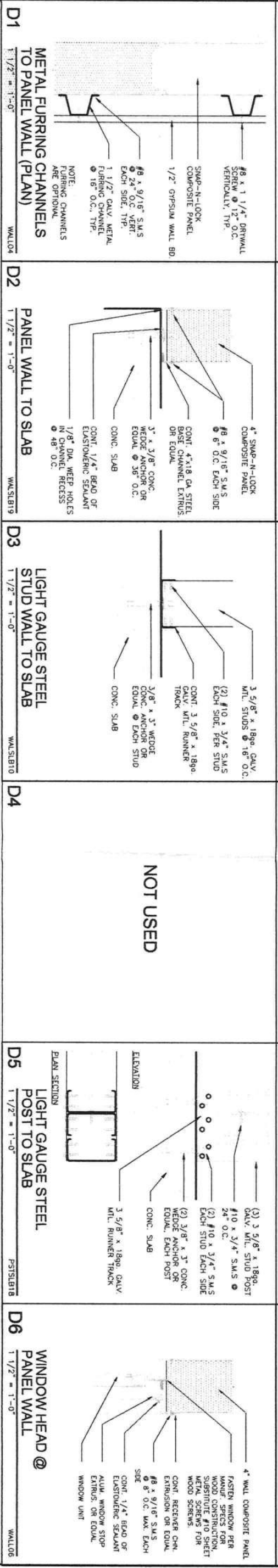
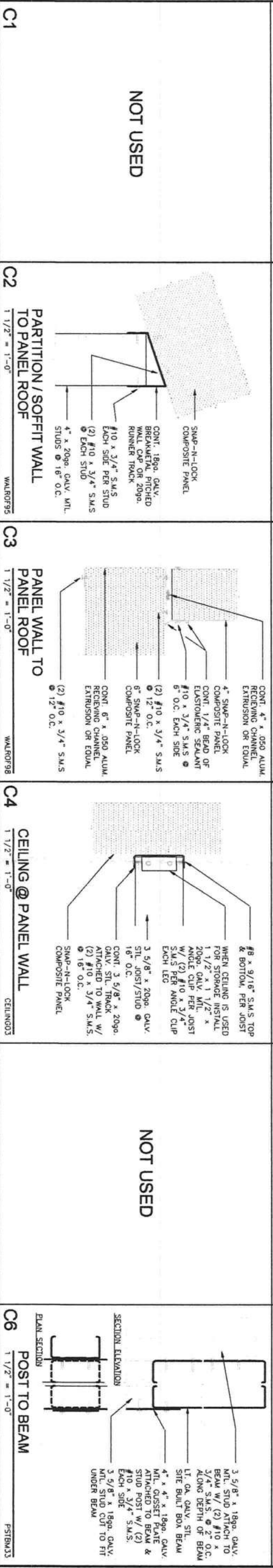
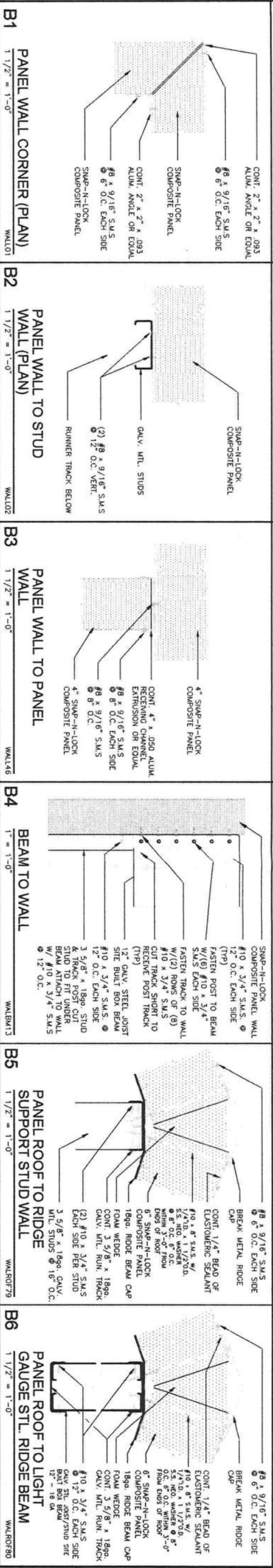
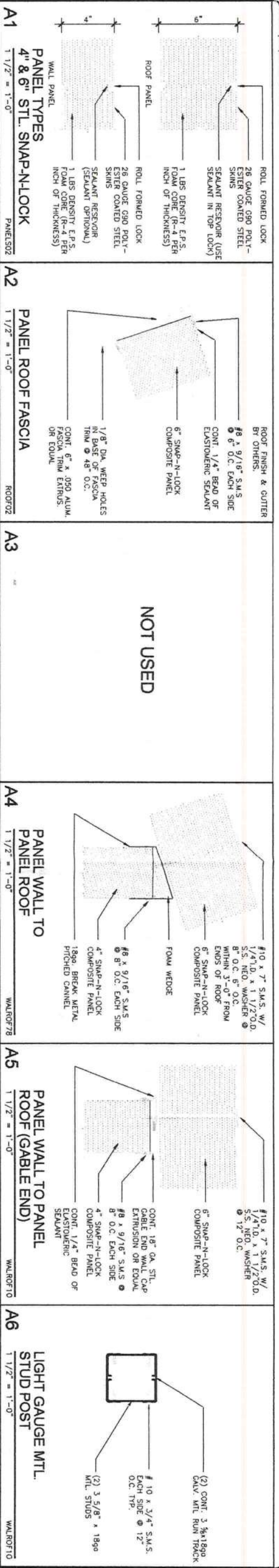
FOUNDATION PLAN


SCALE: 3/8"=1'-0"

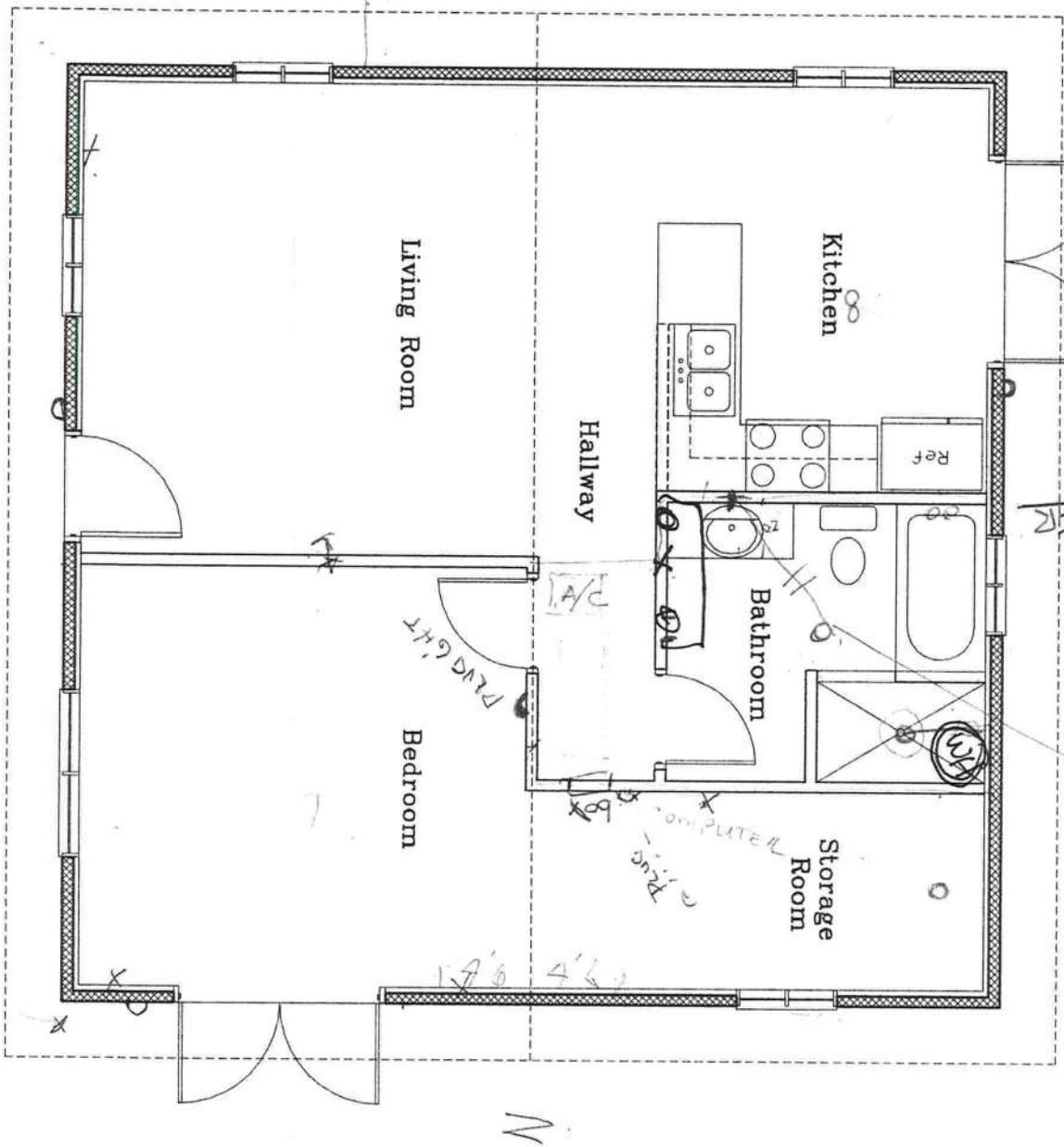
PENNY & MICHAEL BURKE RESIDENCE
784 S.F. 1 STORY, 1 BDRM, 1 BATH
5500 OLD WIRE RD.
COLUMBIA COUNTY

MARCLY CERTIFIED BUILDING CONTRACTOR CBC A09591
28 TURKEY CREEK
ALACHUA, FL 32615
CELL: 215-6105 FAX: (386)-462-5526

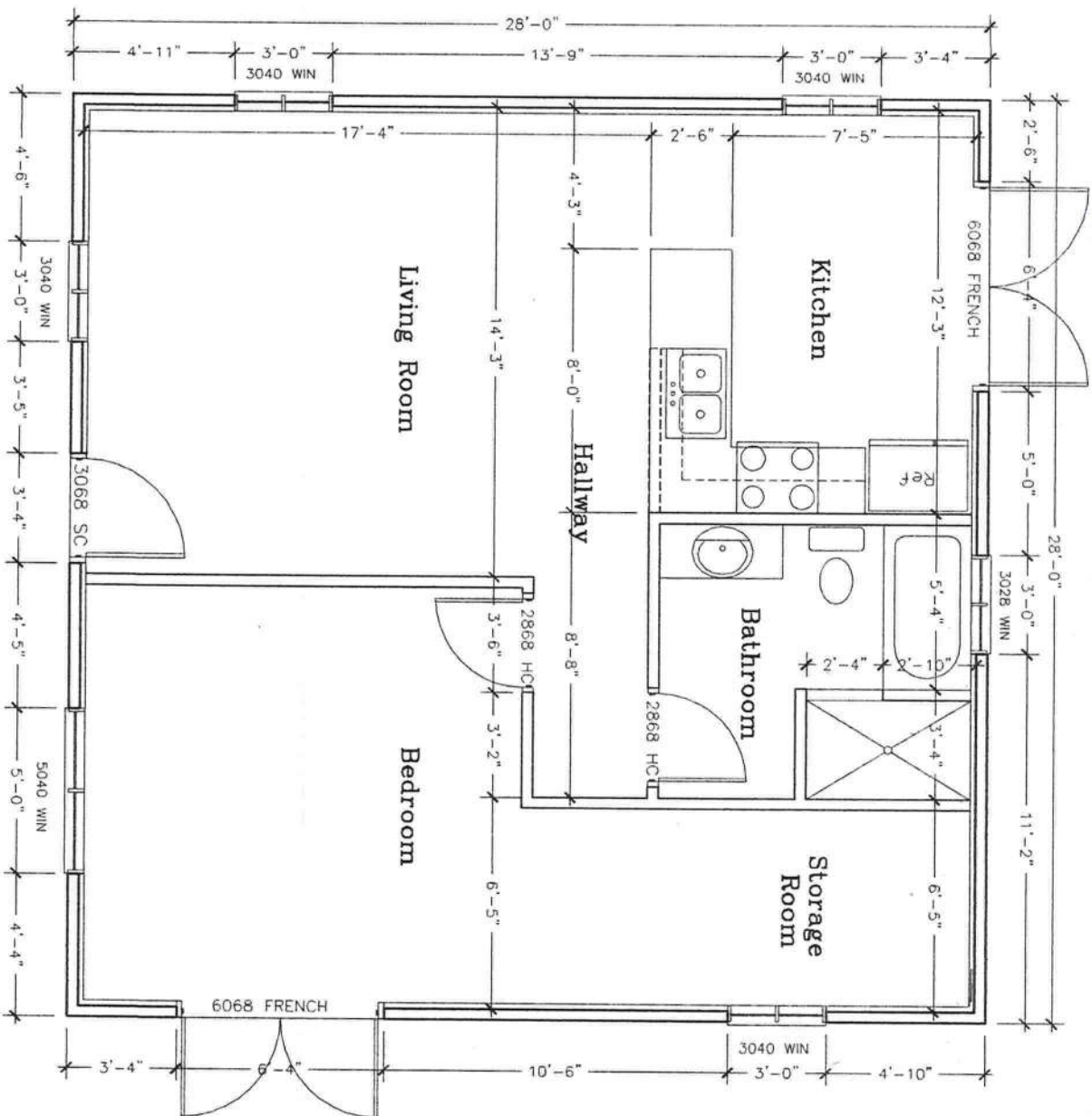
PROJECT No. DD-001
DRAWN BY: M.A.B.
DATE: 06-12-03
REVISED:



A-1			PROJECT No. DD-001	PENNY & MICHAEL BURKE RESIDENCE 784 S.F. 1 STORY, 1 BDRM, 1 BATH 5500 OLD WIRE RD. COLUMBIA COUNTY	<div>MARCLY</div> <div>28 TURKEY CREEK ALACHUA, FL 32615 CELL: 215-6105 FAX: (386)-462-5526</div>	<div>CERTIFIED BUILDING CONTRACTOR CBC A09591</div>
			DRAWN BY: M.A.B.			
			DATE: 06-12-03			
			REVISED:			



FLOOR PLAN
SCALE: 3/16"=1'-0"



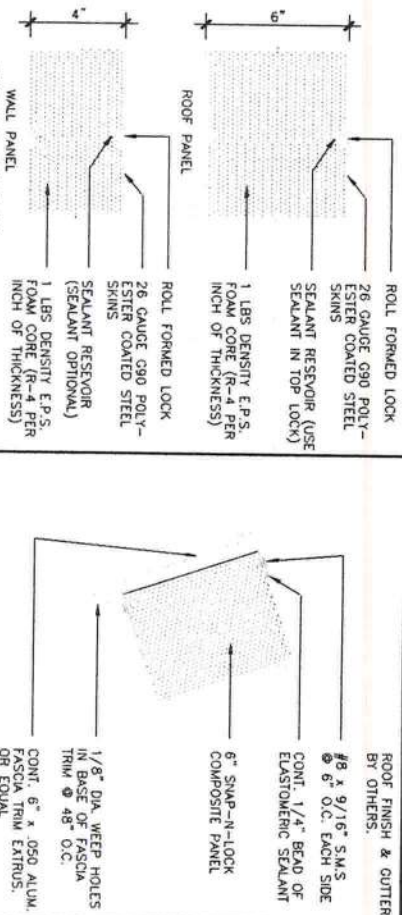
DIMENSIONED FLOOR PLAN
SCALE: 3/16"=1'-0"

PENNY & MICHAEL BURKE RESIDENCE
784 S.F. 1 STORY, 1 BDRM, 1 BATH
5500 OLD WIRE RD.
COLUMBIA COUNTY

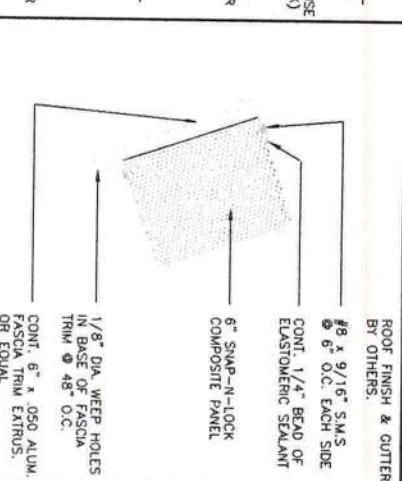
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CERTIFIED BUILDING
CONTRACTOR CBC A09591

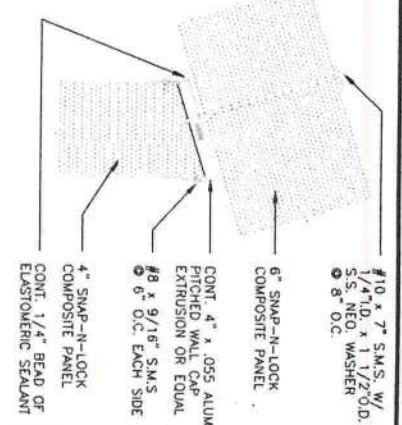
PROJECT No. DD-001
DRAWN BY: M.A.B.
DATE: 06-12-03
REVISED:



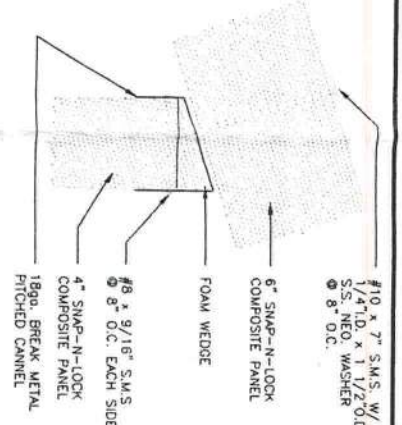
A1
1 1/2" = 1'-0"



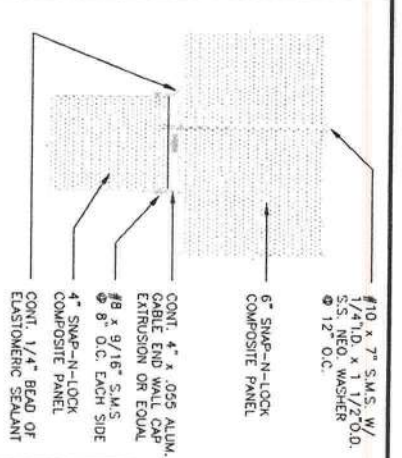
A2
1 1/2" = 1'-0"



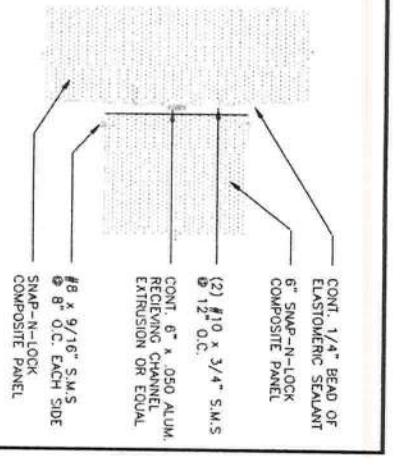
A3
1 1/2" = 1'-0"



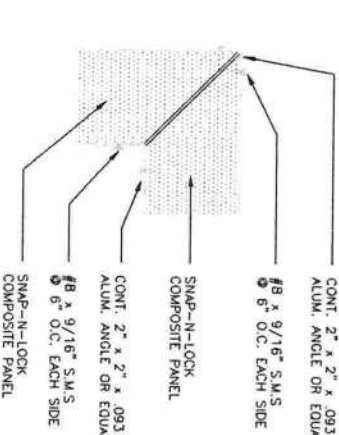
A4
1 1/2" = 1'-0"



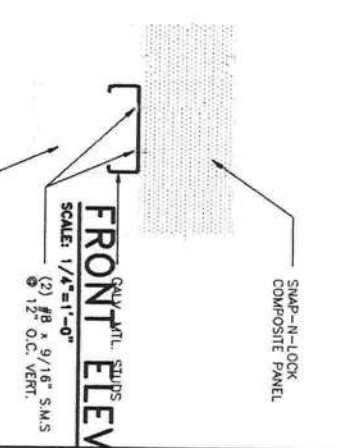
A5
1 1/2" = 1'-0"



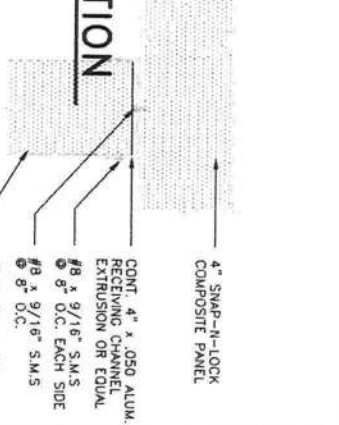
A6
1 1/2" = 1'-0"



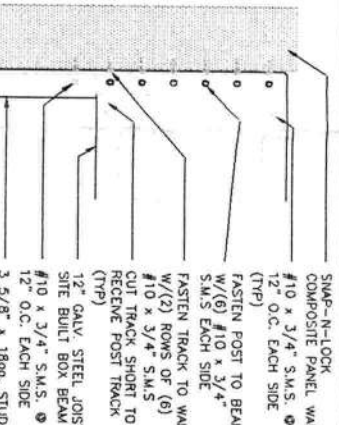
B1
1 1/2" = 1'-0"



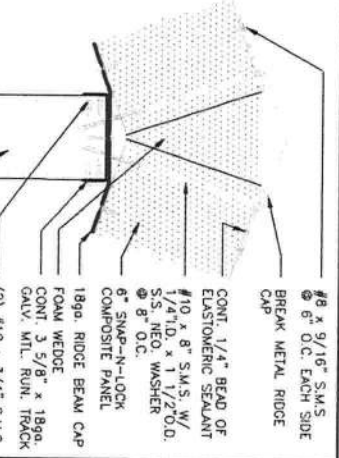
B2
1 1/2" = 1'-0"



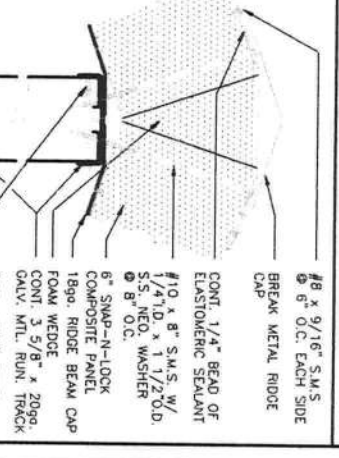
B3
1 1/2" = 1'-0"



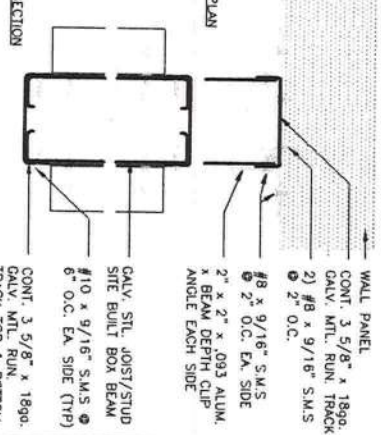
B4
1" = 1'-0"



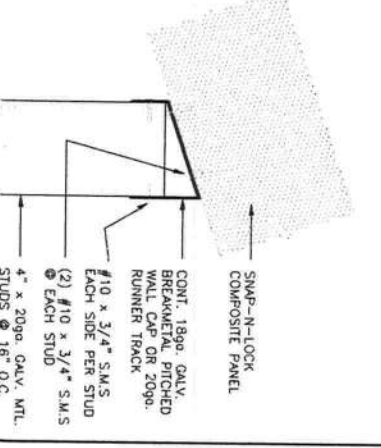
B5
1 1/2" = 1'-0"



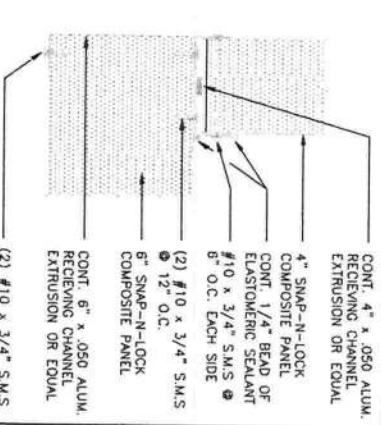
B6
1 1/2" = 1'-0"



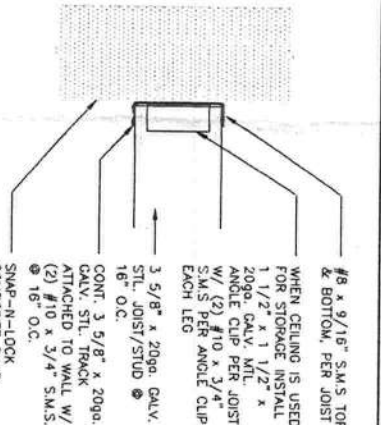
C1
1 1/2" = 1'-0"



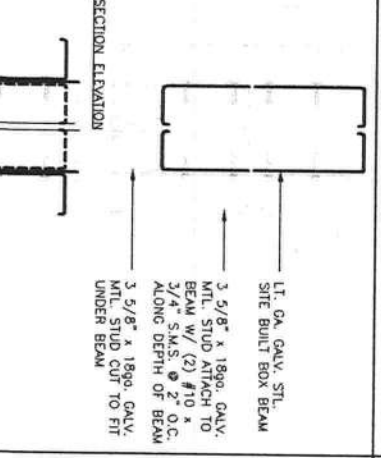
C2
1 1/2" = 1'-0"



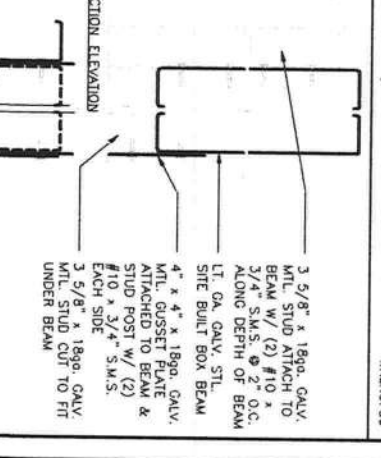
C3
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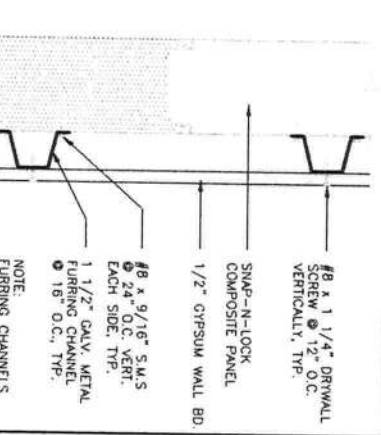
C4
1 1/2" = 1'-0"



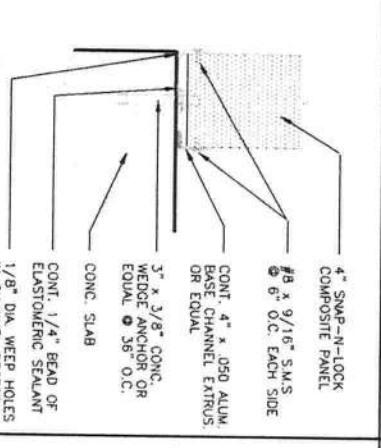
C5
1 1/2" = 1'-0"



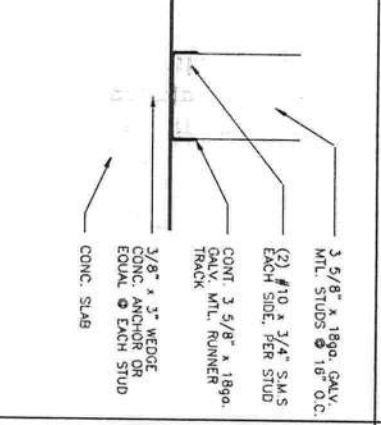
C6
1 1/2" = 1'-0"



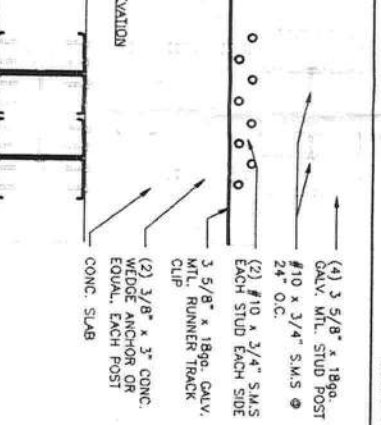
D1
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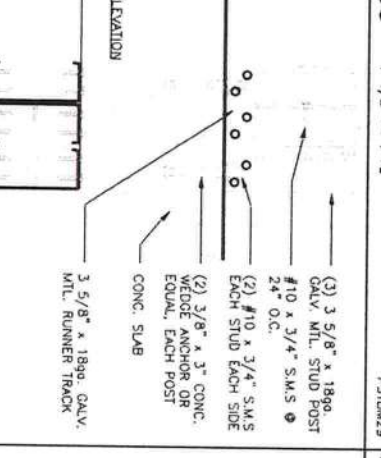
D2
1 1/2" = 1'-0"



D3
1 1/2" = 1'-0"



D4
1 1/2" = 1'-0"



D5
1 1/2" = 1'-0"

CERTIFIED BUILDING
CONTRACTOR CBC A09591

MARCLY
28 TURKEY CREEK
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PENNY & MICHAEL BURKE RESIDENCE
784 S.F. 1 STORY, 1 BDRM, 1 BATH
5500 OLD WIRE RD.
COLUMBIA COUNTY

PROJECT No. DD-001
DRAWN BY: M.A.B.
DATE: 06-12-03
REVISED:



Snap-N-Lock® Composite Panel

Panel - 100 Density P.S. Extruded
 Snap-N-Lock® Composite Panel
 Panel & Extruded & Extruded

Notes

- Check with minimum Clear Space between Panels.
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PENNY & MICHAEL BURKE RESIDENCE
784 S.F. 1 STORY, 1 BDRM, 1 BATH
5500 OLD WIRE RD.
COLUMBIA COUNTY

PROJECT No. DD-00
DRAWN BY: M.A.B.
DATE: 06-12-03
REVISED: