

DATE 07/16/2008

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT

000027174

APPLICANT FAUSTIN GALLEGOS PHONE 352.368.9792
ADDRESS 13920 SW 61ST. PLACE ROAD OCALA FL 34481
OWNER FAMILY HEALTH CENTER OF COL. COUNTY, INC. PHONE 386.755.4020
ADDRESS 173 BW ALBRIGHT LANE LAKE CITY FL 32055
CONTRACTOR FAUTIN GALLEGOS PHONE 352.368.9792
LOCATION OF PROPERTY 441-N TO ALBRIGHT LN, TL AND HEALTH CENTER ON R.

TYPE DEVELOPMENT REROOF-COMM. CTR ESTIMATED COST OF CONSTRUCTION 22080.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS ROOF PITCH FLOOR
LAND USE & ZONING MAX. HEIGHT
Minimum Set Back Requirments: STREET-FRONT REAR SIDE
NO. EX.D.U. 1 FLOOD ZONE DEVELOPMENT PERMIT NO.

PARCEL ID 20-3S-17-05405-001 SUBDIVISION S.C. ALBRITTON -REPLAT OF SPRINGFIELD
LOT BLOCK I&D PHASE UNIT TOTAL ACRES

CCC1327482
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING X-08-241 JDK N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: NOC ON FILE.

Check # or Cash 3660

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

BUILDING PERMIT FEE \$ 115.00 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 115.00
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 TO BE IN ACTIVE PROGRESS WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS.

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

Columbia County Building Permit Application

For Office Use Only Application # 0807-38 Date Received 7/16 By JN Permit # 27174

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 ☐ Parent Parcel # _____

☐ Dev Permit # _____ ☐ In Floodway ☐ Letter of Auth. from Contractor ☐ F W Comp. letter

IMPACT FEES: EMS _____ Fire _____ Corr _____ Road/Code _____

School _____ = TOTAL _____

Septic Permit No. _____ Fax 352-368-9792

Name Authorized Person Signing Permit FAUSTIN JAMES GALLEGOS Phone 352-615-1519

Address 13920 SW 61st PL RD. Ocala FL 34481

Owners Name Family Health Center Phone 386-755-4020

911 Address 173 NW ALBRIGHTON LN Lake city FL 32055

Contractors Name FAUSTIN JAMES GALLEGOS Phone 352-615-1519

Address 13920 SW 61st PL RD. Ocala FL 34481

Fee Simple Owner Name & Address N/A

Bonding Co. Name & Address N/A

Architect/Engineer Name & Address N/A

Mortgage Lenders Name & Address N/A

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

Property ID Number 20-35-17-05405-001 03 Estimated Cost of Construction 22,080.00

Subdivision Name SPRINGFIELD Lot _____ Block F4D Unit _____ Phase _____

Driving Directions Hwy 441 to LEFT on ALBRIGHTON LN.

Property on Right

Number of Existing Dwellings on Property 1

Construction of REEROOF - HEALTH CENTER Total Acreage _____ 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 _____ Total 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.

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.

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 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. I further understand the above written responsibilities in Columbia County for obtaining this Building Permit.

John J. Taylor, CEO
Owners Signature

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.

Justin James Holcomb
Contractor's Signature (Permittee)



Contractor's License Number CC 1327482
Columbia County
Competency Card Number _____

Affirmed under penalty of perjury to be by the Contractor and subscribed before me this 16 day of July 2008.
Personally known _____ or Produced Identification FL DL

Connie F. Scott
State of Florida Notary Signature (For the Contractor)

SEAL:



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS					
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Detail by Entity Name

Florida Non Profit Corporation

FAMILY HEALTH CENTER OF COLUMBIA COUNTY, INC.

Filing Information

Document Number	754720
FEI Number	592086283
Date Filed	10/17/1980
State	FL
Status	ACTIVE
Last Event	NAME CHANGE AMENDMENT
Event Date Filed	06/19/1986
Event Effective Date	NONE

Principal Address

173 ALBRITTON LN
LAKE CITY FL 32055 US
Changed 04/02/2007

Mailing Address

P O BOX 249
LAKE CITY FL 32056-7249
Changed 03/26/1992

Registered Agent Name & Address

LATOUR, LARRY
778 SW BISCAYNE GLEN
LAKE CITY FL 32025
Name Changed: 04/02/2007
Address Changed: 04/02/2007

Officer/Director Detail

Name & Address

Title TD
PATTISON, DOROTHY
576 NW SPRING HOLLOW BLVD
LAKE CITY FL 32055
Title S
TALMADGE, VICTORIA
321 SE FAWN GLEN
LAKE CITY FL 32025

Title D

ROBERTS, SHELIA
393 SW SHORTLEAF DRIVE
LAKE CITY FL 32024

Title VP

SCHAAFSMA, KEITH C
10278 SW TUSTENUGEE AVE
LAKE CITY FL 32024

Title PD

LATOUR, LARRY
778 SW BISCAYNE GLEN
LAKE CITY FL 32025

Title D

LEE, GAYNELL
632 NE FAIRVIEW STREET
LAKE CITY FL 32055

Annual Reports

Report Year Filed Date

2006	03/01/2006
2007	04/02/2007
2008	03/03/2008

Document Images

03/03/2008 -- ANNUAL REPORT	View image in PDF format
04/02/2007 -- ANNUAL REPORT	View image in PDF format
03/01/2006 -- ANNUAL REPORT	View image in PDF format
04/08/2005 -- ANNUAL REPORT	View image in PDF format
02/02/2004 -- ANNUAL REPORT	View image in PDF format
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03/26/2002 -- ANNUAL REPORT	View image in PDF format
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02/08/2000 -- ANNUAL REPORT	View image in PDF format
03/05/1999 -- ANNUAL REPORT	View image in PDF format
03/26/1998 -- ANNUAL REPORT	View image in PDF format
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05/01/1995 -- ANNUAL REPORT	View image in PDF format

Note: This is not official record. See documents if question or conflict.

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Columbia County Property Appraiser

DB Last Updated: 4/15/2008

2008 Proposed Values

Tax Record

Property Card

Interactive GIS Map

Print

Parcel: 20-3S-17-05405-001 03

Search Result: 1 of 1

Owner & Property Info

Owner's Name	FAMILY HEALTH CENTER OF		
Site Address			
Mailing Address	COLUMBIA COUNTY P O BOX 249 LAKE CITY, FL 32056		
Use Desc. (code)	PRIVATE HO (007300)		
Neighborhood	20317.07	Tax District	2
UD Codes	MKTA03	Market Area	06
Total Land Area	3.670 ACRES		
Description	ALL BLOCKS I & D OF S C ALBRITTON'S REPLAT SPRINGFIELD S/D & ALL OF SECOND AVE LYING N OF COLUMBIA AVE. ORB 743-675,		

GIS Aerial



Property & Assessment Values

Mkt Land Value	cnt: (1)	\$52,848.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (1)	\$714,141.00
XFOB Value	cnt: (3)	\$30,366.00
Total Appraised Value		\$797,355.00

Just Value	\$797,355.00
Class Value	\$0.00
Assessed Value	\$797,355.00
Exempt Value	(code: 03) \$797,355.00
Total Taxable Value	\$0.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
2/21/1991	743/675	WD	V	U	11	\$0.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	HOSPITAL (005300)	1992	Conc Block (15)	8024	8348	\$714,141.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0166	CONC,PAVMT	0	\$2,540.00	1814.000	0 x 0 x 0	(.00)
0260	PAVEMENT-A	0	\$24,626.00	32191.000	0 x 0 x 0	(.00)
0253	LIGHTING	0	\$3,200.00	4.000	0 x 0 x 0	(.00)

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
008600	COUNTY (MKT)	3.670 AC	1.00/1.00/1.00/1.00	\$14,400.00	\$52,848.00

Columbia County Property Appraiser

DB Last Updated: 4/15/2008

1 of 1

NOTICE OF COMMENCEMENT

Inst: 200812013280 Date: 7/16/2008 Time: 8:47 AM
DC, P. DeWitt Cason, Columbia County Page 1 of 1 B: 1154 P: 1732

Permit No. # _____
Tax Folio/Parcel ID: 20-35-17-05405-00 State: FL County: COLUMBIA

The undersigned hereby gives notice that improvement will be made to certain real property. In accordance with Chapter 713, Florida Statutes, the following information is provided in the Notice of Commencement:

1. Description of property (legal description, lot, block, and street address if available): 173 NW ALBRIGHTON LN. ALL BLOCKS TIED OF SC ALBRITTON'S REPLAT. SPANFELD S/D & ALL OF SECOND AVE LYING N OF COLUMBIA AVE ORB. 743-675,
2. General description of improvement: RE ROOF
- 3a. Owner name/address: FAMILY HEALTH CENTER 173 NW ALBRIGHTON LN. LAKE CITY FL. 32055
- 3b. Interest in property: OWNER
- 3c. Name and address of fee simple title holder (if other than owner): N/A
4. Contractor - Qualifier Name and Address: FAUSTIN JAMES GALLAGHERS 13920 SW 61ST PL RD Ocala FL 34481
5. Surety - Name and Address: N/A
Amount of bond: \$ N/A
6. Lender - Name and Address: N/A
7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a) 7, Florida Statutes: N/A
8. In addition to him/herself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes [Provide Name/Mailing Address]: N/A
9. NOC expiration date (one full year from the date of recording unless different date is specified): N/A

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 WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

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.

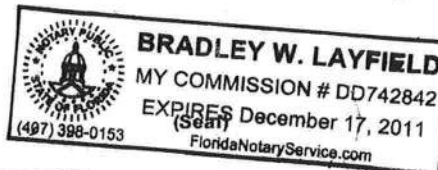
John T. Myers, CEO Date 6/30/08
Signature of Owner/A Natural Person
(or Owner's Authorized Officer/Director/Partner/Manager)

STATE OF FLORIDA
County of COMMINGUA

The foregoing instrument was acknowledged before me this 30 day of June, 2008 by

John T. Myers (print name of person) as _____ (type of authority, e.g. officer, trustee, attorney in fact) for _____ (name of party on behalf of whom instrument was executed).

Notary Public



Personally Known ☒ -OR- Produced Identification ☐

PRODUCT APPROVAL SPECIFICATION SHEET

Location: 173 NW Alderbrook Ln.

Project Name: Family Health Center

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and the product approval number(s) on the building components listed below if they will be utilized on the construction project for which you are **applying for a building permit on or after April 1, 2004**. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. More information about statewide product approval can be obtained at www.floridapba.com

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
A. EXTERIOR DOORS			
1. Swinging			
2. Sliding			
3. Sectional			
4. Roll up			
5. Automatic			
6. Other			
B. WINDOWS			
1. Single hung			
2. Horizontal Slider			
3. Casement			
4. Double Hung			
5. Fixed			
6. Awning			
7. Pass-through			
8. Projected			
9. Mullion			
10. Wind Breaker			
11 Dual Action			
12. Other			
C. PANEL WALL			
1. Siding			
2. Soffits			
3. EIFS			
4. Storefronts			
5. Curtain walls			
6. Wall louver			
7. Glass block			
8. Membrane			
9. Greenhouse			
10. Other			
D. ROOFING PRODUCTS			
1. Asphalt Shingles	<i>Certaainteed</i>	<i>30 yr. Arch</i>	<i>250.4</i>
2. Underlayments			
3. Roofing Fasteners			
4. Non-structural Metal Rf			
5. Built-Up Roofing			
6. Modified Bitumen			
7. Single Ply Roofing Sys			
8. Roofing Tiles			
9. Roofing Insulation			
10. Waterproofing			
11. Wood shingles /shakes			
12. Roofing Slate			

Category/Subcategory (cont.)	Manufacturer	Product Description	Approval Number(s)
13. Liquid Applied Roof Sys			
14. Cements-Adhesives – Coatings			
15. Roof Tile Adhesive			
16. Spray Applied Polyurethane Roof			
17. Other			
E. SHUTTERS			
1. Accordion			
2. Bahama			
3. Storm Panels			
4. Colonial			
5. Roll-up			
6. Equipment			
7. Others			
F. SKYLIGHTS			
1. Skylight			
2. Other			
G. STRUCTURAL COMPONENTS			
1. Wood connector/anchor			
2. Truss plates			
3. Engineered lumber			
4. Railing			
5. Coolers-freezers			
6. Concrete Admixtures			
7. Material			
8. Insulation Forms			
9. Plastics			
10. Deck-Roof			
11. Wall			
12. Sheds			
13. Other			
H. NEW EXTERIOR ENVELOPE PRODUCTS			
1.			
2.			

The products listed below did not demonstrate product approval at plan review. I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite; 1) copy of the product approval, 2) the performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturers installation requirements.

I understand these products may have to be removed if approval cannot be demonstrated during inspection

Contractor or Contractor's Authorized Agent Signature

Location

02/02/04 – 2 of 2

Website:

Kaustin Gallegos 07-16-2008

Print Name

Date

Permit # (FOR STAFF USE ONLY)

Effective April 1, 2004