

Columbia County Swimming Pool/Spa Permit Application

CKH
1490

For Office Use Only Application # 1908-61 Date Received 8/19 By JW Permit # 38569
 Zoning Official LH Date 8-22-19 Flood Zone X Land Use ALD Zoning R5F-2
 FEMA Map # N/A Elevation N/A MFE N/A River N/A Plans Examiner TC Date 8-22-19
 Comments Front 25' Sides 10' Rear 15'
☒ NOC ☒ Deed or PA ☒ Site Plan ☐ 911 Sheet (if NO Address Exists) ☐ Owner Builder Disclosure Statement
☐ Dev Permit # ☐ In Floodway ☒ Letter of Auth. from Contractor ☐ F W Comp. letter
☐ Land Owner Affidavit ☐ Ellisville Water ☒ App Fee Paid ☒ Sub VF Form

Notes:

Septic Permit No. 19-0636 Or City Water System ☐ Fax _____
 Applicant (Who will sign/pickup the permit) TJ PREVATI Phone 904-607-7718
 Address 9904 NW CR 229 Starke, FL 32091
 Owners Name Brian and Dana Weekley Phone 386-365-1607
 911 Address 195 SW Stafford Court Lake City, FL 32024
 Contractors Name Thomas Jones Phone 904-316-9112
 Address 9904 NW CR 229 Starke, FL 32091
 Contractor Email office@paragon-pools.net ***Include to get updates on this job.
 Fee Simple Owner Name & Address N/A
 Bonding Co. Name & Address N/A
 Architect/Engineer Name & Address Donald R Poindexter 4119 Trinity Dr Santa Rosa, CA 95
 Mortgage Lenders Name & Address N/A

Circle the correct power company ☐ FL Power & Light ☒ Clay Elec. ☐ Suwannee Valley Elec. ☐ Duke Energy
 Property ID Number 15-45-16-03023-371 Cost of Construction \$33,000.00
 Subdivision Name Callaway Lot 71 Block — Unit — Phase 3
 Driving Directions US 90W, L on FL 2475, L on SW Callahan Ave, L on SW Callahan Dr, R on SW Phrasant Way, L on SW Wilshire Dr. R on Stafford Ct, Destination on Left
 Residential ☒ OR Commercial ☐
 Construction of Inground fiberglass Swimming Pool ADA Compliant _____ Total Acreage .5
 Actual Distance of Pool from Property Lines - Front 100't Side 50't Side 25't Rear 80't

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.
to Santa Rosa 8.30.19
CODE: Florida Building Code 2014 and the 2011 National Electrical Code.

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 a permit has been issued.

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 CONTRACTOR AND AGENT: 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.

Brian K. Weekley
Print Owners Name

[Signature]
Owners Signature

****Property owners must sign here before any permit will be issued.**

****If this is an Owner Builder Permit Application then, ONLY the owner can sign the building permit when it is issued.**

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.

[Signature]
Contractor's Signature

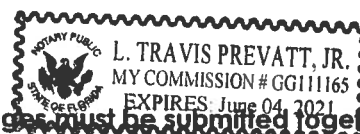
Contractor's License Number CPC1457105
Columbia County
Competency Card Number 1966

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 13th day of August 2019.

Personally known [Signature] or Produced Identification _____

[Signature]
State of Florida Notary Signature (For the Contractor)

SEAL:





COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave., Suite B-21, Lake City, FL 32055

Office: 386-758-1008 Fax: 386-758-2160

www.columbiacountyfla.com/BuildingandZoning.asp

NOTICE TO SWIMMING POOL OWNERS


I, Brian Weekley have been informed and I understand that prior to the final inspection approval and use of my pool, I will need all the inspections approved and the required fencing installed in accordance with applicable regulations. The Florida Building Code requires private residential swimming pools, hot tubs, or non-portable spas containing water over 24 inches deep to meet the following pool barrier safety feature requirements:

- The pool access must be isolated by a barrier at least 4 feet high and installed around the perimeter of the pool.
Unless the pool is equipped with a safety cover complying with the specifications of American Society for Testing and Materials standard F-1346-91.
- The barrier shall not have any gaps or openings which would allow a child to crawl under, squeeze through or climb over and must be placed no less than 20 inches from the water's edge.
- Gates located in the pool barrier must open outward away from the pool and be both self-closing and self latching, with a release mechanism not less than 54" above the standing surface at the gate.
- The barrier must be separate from any other fence, wall, or other enclosure surrounding the yard unless the fence, wall or other enclosure or portion thereof is situated on the perimeter of the pool and meets the pool barrier requirements.
- Where a wall of a dwelling serves as part of the barrier **one** of the following shall apply:
 - 1) All doors and first floor windows with a sill height of less than 48 inches providing direct access from the home to the pool must be equipped with an alarm that has a minimum sound pressure rating of 85 decibels at 10 feet. The alarm shall sound immediately upon opening the window or door unless the temporary bypass mechanism is activated.
 - 2) **Or;** all doors providing direct access from the home to the pool must be equipped with a self-closing, self-latching device with a release mechanism located at least 54 inches above the floor.

According to Florida statutes chapter 515: Residential Swimming Pool Safety Act, failure to comply with these requirements is a misdemeanor of the second degree, punishable by imprisonment for up to 60 days or a fine of up to \$500, except that no penalty shall be imposed if within 45 days after arrest or issuance of a summons or notice to appear, the pool is equipped with the aforementioned safety features and the responsible person attends a drowning prevention education program developed by the Florida Department of Health. I also understand that there are several inspections required in addition to a final inspection for my swimming pool.


Owner Signature / Date

Address: 195 SW Stafford Ct Lake City, FL 32024


Contractor Signature / Date

CPC1457105
License Number

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 1908-601 JOB NAME WEEKLEY

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Columbia County issues combination permits. 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 general contractors permit.

NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

Use website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

ELECTRICAL <input checked="" type="checkbox"/>	Print Name <u>R. Scott E. Hazouri</u> Signature <u>[Signature]</u> Company Name: <u>Hazouri Electric Inc</u> License #: <u>EC 000379</u> Phone #: <u>904-591-3444</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/A/C <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

Columbia County Property Appraiser

Jeff Hampton

2018 Tax Roll Year

updated: 6/25/2019

Parcel: << 15-4S-16-03023-371 >>

Owner & Property Info

Result: 1 of 2

Owner	WEEKLEY BRIAN K & DANA M 195 SW STAFFORD CT LAKE CITY, FL 32024		
Site	195 STAFFORD CT,		
Description*	LOT 71 CALLAWAY S/D PHASE 3. WD 1022-2800, WD 1046-1461.		
Area	0.5 AC	S/T/R	15-4S-16
Use Code**	SINGLE FAM (000100)	Tax District	3

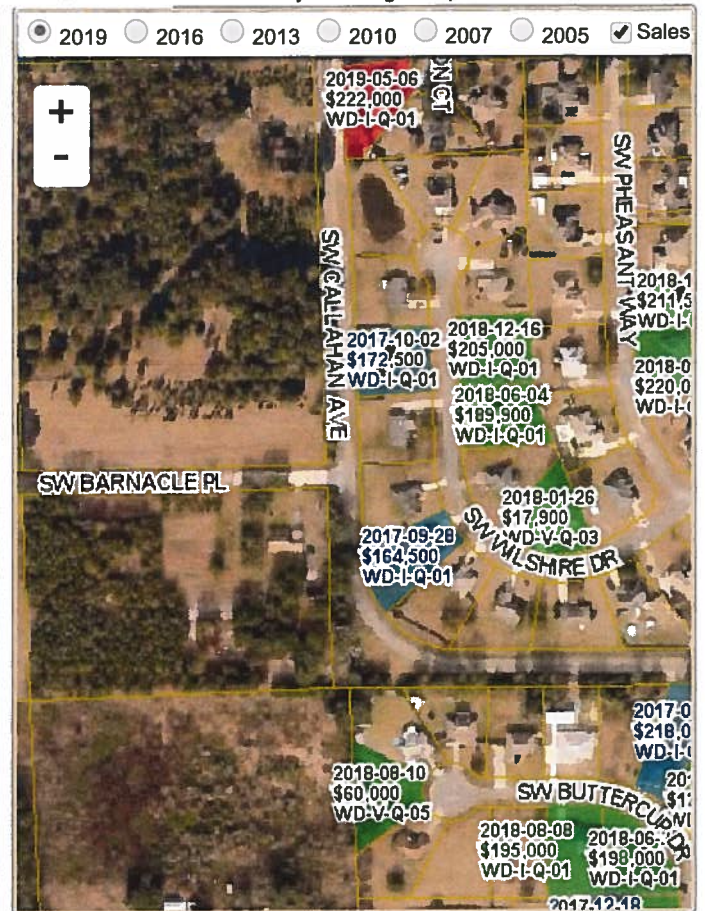
*The Description above is not to be used as the Legal Description for this parcel in any legal transaction.

**The Use Code is a FL Dept. of Revenue (DOR) code and is not maintained by the Property Appraiser's office. Please contact your city or county Planning & Zoning office for specific zoning information.

Property & Assessment Values

2018 Certified Values		2019 Working Values	
Mkt Land (1)	\$14,500	Mkt Land (1)	\$17,000
Ag Land (0)	\$0	Ag Land (0)	\$0
Building (1)	\$158,661	Building (1)	\$170,180
XFOB (3)	\$5,355	XFOB (3)	\$5,355
Just	\$178,516	Just	\$192,535
Class	\$0	Class	\$0
Appraised	\$178,516	Appraised	\$192,535
SOH Cap [?]	\$473	SOH Cap [?]	\$10,627
Assessed	\$178,516	Assessed	\$181,908
Exempt	HX H3 \$50,000	Exempt	HX H3 \$50,000
Total Taxable	county:\$128,516 city:\$128,516 other:\$128,516 school:\$153,516	Total Taxable	county:\$131,908 city:\$131,908 other:\$131,908 school:\$156,908

Aerial Viewer Pictometry Google Maps

**▼ Sales History**

Sale Date	Sale Price	Book/Page	Deed	V/I	Quality (Codes)	RCode
5/13/2005	\$275,000	1046/1461	WD	I	Q	
8/4/2004	\$23,900	1022/2800	WD	V	Q	

▼ Building Characteristics

Bldg Sketch	Bldg Item	Bldg Desc*	Year Blt	Base SF	Actual SF	Bldg Value
Sketch	1	SINGLE FAM (000100)	2005	2099	3067	\$170,180

*Bldg_Desc determinations are used by the Property Appraisers office solely for the purpose of determining a property's Just Value for ad valorem tax purposes and should not be used for any other purpose.

▼ Extra Features & Out Buildings (Codes)

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0180	FPLC 1STRY	2005	\$2,000.00	1.000	0 x 0 x 0	(000.00)
0166	CONC,PAVMT	2005	\$1,780.00	890.000	0 x 0 x 0	(000.00)
0169	FENCE/WOOD	2014	\$1,575.00	200.000	0 x 0 x 0	AP (025.00)

▼ Land Breakdown

Land Code	Desc	Units	Adjustments	Eff Rate	Land Value
000100	SFR (MKT)	1.000 LT - (0.500 AC)	1.00/1.00 1.00/1.00	\$17,000	\$17,000



Columbia County Property Appraiser Jeff Hampton | Lake City, Florida | 386-758-1083

PARCEL: 15-4S-16-03023-371 HX H3 | SINGLE FAM (000100) | 0.5 AC

LOT 71 CALLAWAY S/D PHASE 3, WD 1022-2800, WD 1046-1461.

Owner: WEEKLEY BRIAN K & DANA M

Site: 195 SW STAFFORD CT

Address: 195 STAFFORD CT,

Sales Info: 5/13/2005 8/4/2004

2018 Certified Values

Mkt Lnd Ag Lnd Bldg XFOB Just

\$17,000 \$0 \$170,180 \$5,355 \$192,535

Appraised Assessed Exempt Total Taxable

\$192,535 \$181,908 \$50,000 county:\$131,908 city:\$131,908 other:\$131,908 school:\$156,908

NOTES:



Columbia County, FL

This information, was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office.

GrizzlyLogic.com

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

15-45-16-03023-371

Clerk's Office Stamp

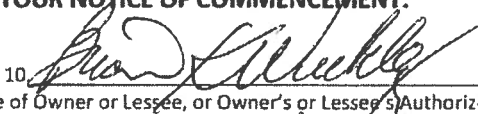
Inst: 201912019241 Date: 08/19/2019 Time: 12:56PM
Page 1 of 1 B: 1391 P: 1583, P. DeWitt Cason, Clerk of Court
Columbia, County, By: BS
Deputy Clerk

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): Parcel 10' 15-45-16-03023-371 Lot 71 Calkway S/D
a) Street (job) Address: 195 SW Stafford Ct Lake City, FL 32024
2. General description of improvements: Inground fiberglass pool install
3. Owner Information or Lessee information if the Lessee contracted for the improvements:
a) Name and address: Brian & Dana Weekley 195 SW Stafford Ct Lake City 32024
b) Name and address of fee simple titleholder (if other than owner) N/A
c) Interest in property 100%
4. Contractor Information
a) Name and address: Thomas Jones - 9904 NW CR 229 Starke, FL 32091
b) Telephone No.: 904-268-9777
5. Surety Information (if applicable, a copy of the payment bond is attached):
a) Name and address: N/A
b) Amount of Bond: N/A
c) Telephone No.: N/A
6. Lender
a) Name and address: N/A
b) Phone No.: N/A
7. Person 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:
a) Name and address: N/A
b) Telephone No.: N/A
8. In addition to himself or herself, 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: N/A OF
b) Telephone No.: N/A
9. Expiration date of Notice of Commencement (the expiration date will be 1 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 Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager

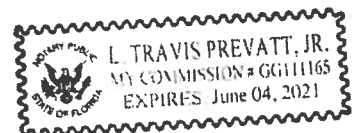
Brian K. Weekley
Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this 19th day of August, 2019, by:

Brian Weekley as owner for
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)

Personally Known ☒ OR Produced Identification ☐ Type

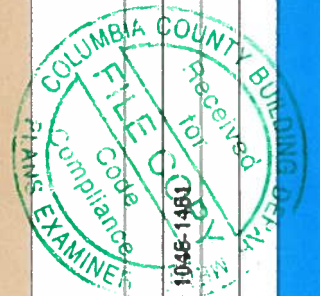
Notary Signature  Notary Stamp or Seal:



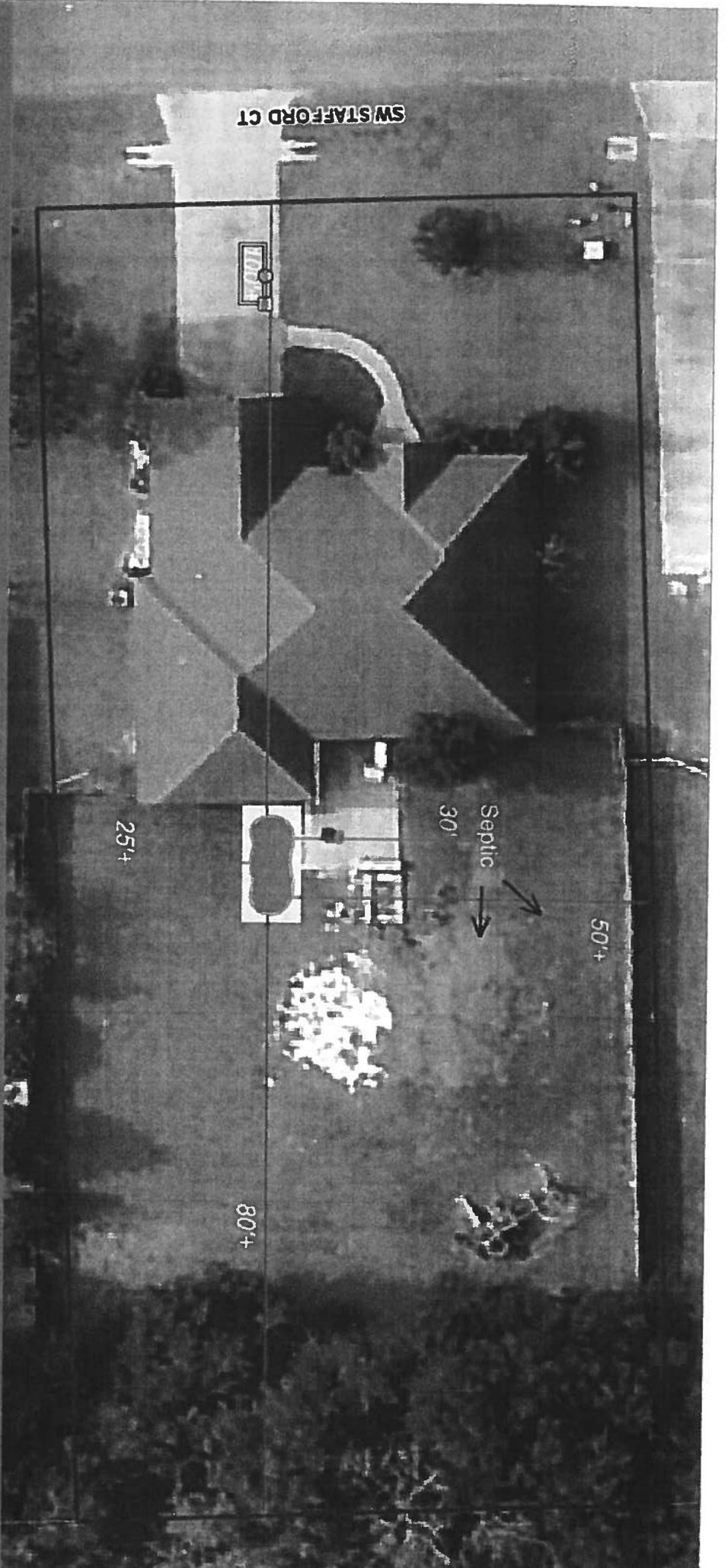


Owner & Property Info

Owner	WEEKLEY BRIAN K & DANA M 195 SW STAFFORD CT LAKE CITY, FL 32024
Site	195 STAFFORD CT.
Description*	LOT 71 CALLAWAY S/D PHASE 3, WD 1022-2800, WD 1046-1481
Area	0.5 AC
Use Code**	SINGLE FAM (000100)



1"=25'
Home has city water



Owner & Property Info

Owner	WEEKLEY BRIAN K & DANA M 195 SW STAFFORD CT LAKE CITY, FL 32024
Site	195 STAFFORD CT.
Description*	LOT 71 CALLOWAY S/D PHASE 3 WD 1022-2800 WD 1046-1461
Area	0.5 AC
Use Code**	SINGLE FAM (000100)

1"=25'
Home has city water

19-0636

Permit Application Number_

19-8636

Scale: Each block represents 10 feet and 1 inch = 40 feet.

A full page of blank graph paper with a uniform grid of small squares. The grid consists of 20 columns and 20 rows, creating a total of 400 small square units. The lines are thin and black, set against a white background. There are no margins or additional markings on the page.

See attached site plan

U. P. O.

Not Approved

Not Approved _____
Salli Ford Env Health Director - Columbia

County Health Department

Agent

Date 9.4.19

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC
(Stock Number: 5744-002-4015-6)



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 19-1634
DATE PAID: 8/20/19
FEE PAID: 200.00
RECEIPT #: 142924

APPLICATION FOR:

☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Brian and Dana Weekley

AGENT: TJ Prevatt

TELEPHONE: 904-368-9777

MAILING ADDRESS: 195 SW Stafford Ct Lake City, FL 32024

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 71 BLOCK: 1 SUBDIVISION: Callaway Phase 3 PLATTED: _____

PROPERTY ID #: 15-45-16-03023-371 ZONING: Res. I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 0.5 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☒ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N

DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 195 SW Stafford Ct Lake City, FL 32024

DIRECTIONS TO PROPERTY: US 90W, L on FL-2475, L on SW Callahan Ave,
L on SW Callaway Dr, R on SW Pheasant Way, L on SW
Wilshire Dr, R on SW Stafford Ct, Destination on left

BUILDING INFORMATION

☒ RESIDENTIAL

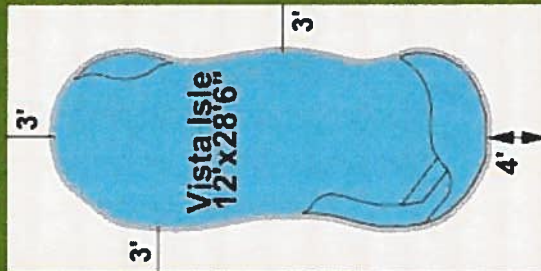
☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>SFR</u>	<u>3</u>	<u>3067</u>	
2	<u>Pool</u>	<u>—</u>		
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature]

DATE: 8.20.19



Weekley Pool	BUILDER INFORMATION	POOL DEPTHS
195 SW Stafford Ct Lake City, FL 32024	 Paragon Pools 9904 NW CR 229 Starke, FL 32093 Lic#CFE1457105	