

DATE 01/28/2013

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT

000030747

APPLICANT MIKE BENNETT PHONE 352-472-4943
ADDRESS PO BOX 367 NEWBERRY FL 32669
OWNER BESSIE NELL WILSON PHONE
ADDRESS 17087 SW SR 47 FORT WHITE FL 32038
CONTRACTOR MAC JOHNSON PHONE 352-472-4943
LOCATION OF PROPERTY 47 S. .92 MILES PAST ELIM CHURCH RD, ON LEFT RED BRICK SFD
LAST HOME BEFORE FORT WHITE HIGH SCHOOL
TYPE DEVELOPMENT RE-ROOF SFD ESTIMATED COST OF CONSTRUCTION 8975.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS ROOF PITCH 6/12 FLOOR
LAND USE & ZONING MAX. HEIGHT 35
Minimum Set Back Requirments: STREET-FRONT REAR SIDE
NO. EX.D.U. 1 FLOOD ZONE NA DEVELOPMENT PERMIT NO.

PARCEL ID 28-6S-16-03959-000 SUBDIVISION
LOT BLOCK PHASE UNIT TOTAL ACRES 75.00

RC0061384
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING NA LH N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: NOC ON FILE

Check # or Cash 20208

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 \$ 45.00 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 45.00
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.

NOTICE: ALL OTHER APPLICABLE STATE OR FEDERAL PERMITS SHALL BE OBTAINED BEFORE COMMENCEMENT OF THIS PERMITTED DEVELOPMENT.

"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

For Office Use Only		Application # <u>1301-49</u>	Date Received <u>1/29/13</u>	By <u>UH</u>	Permit # <u>30747</u>
Zoning Official _____	Date _____	Flood Zone _____	Land Use _____	Zoning _____	
FEMA Map # _____	Elevation _____	MFE _____	River _____	Plans Examiner _____	Date _____
Comments _____					
<input type="checkbox"/> NOC <input type="checkbox"/> EH <input checked="" type="checkbox"/> Deed or PA <input type="checkbox"/> Site Plan <input type="checkbox"/> State Road Info <input 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 _____ = TOTAL (Suspended) <input type="checkbox"/> Ellisville Water <input type="checkbox"/> App Fee Paid					

Septic Permit No. _____ Fax _____

Name Authorized Person Signing Permit Mike Bennett Phone 352-472-4943

Address P.O. Box 367 Newberry, Fla. 32669

Owners Name Bessie Nell Wilson Phone _____

911 Address 17097 SW SR 47 Ft. White FL 32038

Contractors Name Mac Johnson Roofing Inc. Phone 352-472-4943

Address P.O. Box 367 Newberry FL 32669

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 28-65-16-03959-000 Estimated Cost of Construction 8975.00

Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____

Driving Directions _____

SR-47 17 miles
on approx. .92 mile past Elem Church Rd - follow to brick home
 Number of Existing Dwellings on Property _____

Construction of re-roof, shingle, single fam Total Acreage 75 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 _____ Heated Floor Area 2961 Total Floor Area 4155 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 2010 and the 2008 National Electrical Code.**

ck#: 20208

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.

(Owners Must Sign All Applications Before Permit Issuance.)

X B. Bruce Bell Wilson
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.

X [Signature]
Contractor's Signature (Permitee)

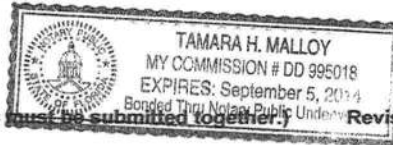
Contractor's License Number RC 061384
Columbia County
Competency Card Number 187 OK

Affirmed under penalty of perjury to by the Contractor and subscribed before me this _____ day of _____ 20__.

Personally known ☒ or Produced Identification ☐

X Tamara H. Malloy
State of Florida Notary Signature (For the Contractor)

SEAL:



Columbia County Property Appraiser

CAMA updated: 12/19/2012

2012 Tax Year

Parcel: 28-6S-16-03959-000

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

Interactive GIS Map

Print

<< Prev Search Result: 18 of 181 Next >>

Owner & Property Info

Owner's Name	WILSON BESSIE NELL		
Mailing Address	17087 SW STATE RD 47 FT WHITE, FL 32038		
Site Address	17087 SW STATE ROAD 47		
Use Desc. (code)	IMPROVED A (005000)		
Tax District	3 (County)	Neighborhood	28616
Land Area	75.000 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		
N1/2 OF NE1/4 EX 2.57 AC DESC ORB 460-186 & EX RD R/W. DC 951-621.			



Property & Assessment Values

2012 Certified Values		
Mkt Land Value	cnt: (1)	\$9,252.00
Ag Land Value	cnt: (1)	\$16,650.00
Building Value	cnt: (1)	\$128,711.00
XFOB Value	cnt: (6)	\$4,486.00
Total Appraised Value		\$159,099.00
Just Value		\$317,234.00
Class Value		\$159,099.00
Assessed Value		\$146,336.00
Exempt Value	(code: HX H3 WX)	\$50,500.00
Total Taxable Value		Cnty: \$95,836 Other: \$95,836 Schl: \$120.836

2013 Working Values

NOTE:

2013 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
NONE						

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1979	COMMON BRK (19)	2961	4155	\$126,818.00
Note: All S.F. calculations are based on <u>exterior</u> building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0166	CONC,PAVMT	1993	\$638.00	0000638.000	0 x 0 x 0	AP (050.00)
0190	FPLC PF	0	\$1,200.00	0000001.000	0 x 0 x 0	(000.00)
0213	GRAIN BIN	0	\$400.00	0000001.000	0 x 0 x 0	(000.00)
0213	GRAIN BIN	0	\$400.00	0000001.000	0 x 0 x 0	(000.00)
0294	SHED WOOD/	1993	\$1,470.00	0000392.000	14 x 28 x 0	AP (050.00)



Columbia County Property Appraiser

J. Doyle Crews - Lake City, Florida 32055 | 386-758-1083

PARCEL: 28-6S-16-03959-000 - IMPROVED A (005000)

N1/2 OF NE1/4 EX 2.57 AC DESC ORB 460-186 & EX RD R/W. DC 951-621.

Name: WILSON BESSIE NELL		2012 Certified Values	
Site:	17087 SW STATE ROAD 47	Land	\$9,252.00
		Bldg	\$128,711.00
Mail:	17087 SW STATE RD 47	Assd	\$146,336.00
	FT WHITE, FL 32038	Exmpt	\$50,500.00
Sales Info	NONE		Cnty: \$95,836
		Taxbl	Other: \$95,836 Schl: \$120,836

NOTES:



This information, GIS updated: 12/18/2012, 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, its use, or its interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

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Collier County

NOTICE OF COMMENCEMENT

This Instrument Prepared By:

Name: MIKE BENNETT

Address: PO BOX 367 Newberry, FL 32669

Permit No: _____

Tax Folio No: 28-65-16-03959-000

STATE OF: FLORIDA

COUNTY OF: Columbia

THE UNDERSIGNED HEREBY gives notice that improvement(s) will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. DESCRIPTION OF PROPERTY: Street Address: 17087 SW State Rd 47 Ft. White FL 32038
Legal Description: N 1/2 of NE 1/4 ex 2.57 ac pless orb 460-186 + Ex Rd R/W DC 951-621
2. GENERAL DESCRIPTION OF IMPROVEMENT(S): re-roof, shingle, single fam

3. OWNER INFORMATION: a.) Name: Bessie Nell Wilson Address: 17087 SW SR 47 Ft. White FL
b.) Interest in Property: owner
c.) Fee Simple Titleholder (if other than owner) Name: N/A Address: _____
4. CONTRACTOR: a.) Name: MAC JOHNSON ROOFING INC Address: PO BOX 367 Newberry, FL 32669 b.) Phone: 352-472-4943
5. SURETY: a.) Name: N/A Address: _____
b.) Amount of bond \$: N/A c.) Phone: _____
6. LENDER: a.) Name: N/A Address: _____ b.) Phone: _____
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:
a.) Name: N/A Address: _____ b.) Phone: _____
8. In addition to himself, Owner designates the following person(s) to receive a copy of Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
a.) Name: N/A Address: _____ b.) Phone: _____
9. Expiration date of notice of commencement (the expiration date is one (1) year from the date of recording unless a different date is specified.) ONE YEAR FROM DATE RECORDED

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.

W42507420513

x Bessie Nell Wilson
Signature of Owner or Owner's Authorized Officer/Director
Partner/Manager

Signatory's Title/ Office _____

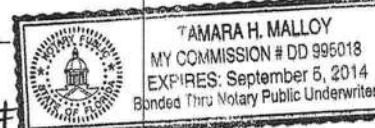
The foregoing instrument was acknowledged before me this _____ day of _____ (year)
by Bessie Nell Wilson (name of person) as owner (type of authority, e.g. officer,
trustee, attorney in fact) for _____ (name of party on behalf of whom instrument was executed).

Tamara H. Malloy
Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public

Commission Number: _____

Personally Known _____ or Produced Identification W42507420513



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.

x Bessie Nell Wilson
Signature of Natural Person Signing Above



Columbia County

BUILDING DEPARTMENT

Inspection Affidavit

RE: Permit Number: 30747

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

License #: RC0061384

On or about 02/01/13, I did personally inspect the
(Date & time)

☒ roof deck attachment ☐ secondary water barrier ☐ roof to wall connection

work at 17087 SW SR 47 Ft White FL
(Job Site Address)

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

[Signature]
Signature

STATE OF FLORIDA
COUNTY OF Alachua

Sworn to and subscribed before me this 1st day of Feb, 2013

By Tamara H. Malloy, Notary Public, State of Florida

(Print, type or stamp name)



Personally known ☒ or

Produced Identification ☐ Type of identification produced. _____

* Include photographs of each plane of the roof with the permit number clearly shown marked on the deck for each inspection. Place a tape measure next to the nailing pattern to show distance between nails.

* Photographs must clearly show all work and have the permit number indicated on the roof.

* Affidavit and Photographs must be provided when final inspection is requested.

Hidavit
at job #30747



#30747



30747



#30747

