For Office Use Only Application # 0712-54 Date Received 1418 By M Permit # 24537
Zoning Official Official Date 12/19/07 Flood Zone N/A FEMA Map # Zoning A-3
Land Use A-3 Elevation MFE River Plans Examiner OKOTH Date 1279-07
Comments
►NOC ►EH = Deed or PA ►Site Plan = State Road Info = Parent Parcel #
□ Dev Permit # □ In Floodway □ Letter of Authorization from Contractor ♂ Local Dev Permit # □ Letter of Authorization from Contractor ♂ Local Dev Permit # □ Letter of Authorization from Contractor ♂ Local Dev Permit # □ Letter of Authorization from Contractor ♂ Letter of Authorization from Contractor ↑ Let
Unincorporated area Incorporated area Fown of Fort White Town of Fort White Compliance letter
Septic Permit No Fax 386 758 6932
Name Authorized Person Signing Permit FRANK Federmeyer Phone 386-758-7522
Address 7575W SR 247 SviTe 101 LAKE CITY FL. 32025
Owners Name MANUEL SOLORZAND - 24TAWIA FAMIL Phone (386) 719-7143
911 Address 166 N.E. ROF PLASE WHITE SPRINGS FLA 32096.
Contractors Name Advantage Pods Phone 386 758-7522
Address 757 Sw. SR. 247 Suite 101 LAKE city FL. 32025
Fee Simple Owner Name & Address VA
Bonding Co. Name & Address NA
Architect/Engineer Name & Address STeven Schauv 2302 LASSO LN. LAKELAND FL. 33801.
Mortgage Lenders Name & Address Cash
Circle the correct power company — FL Power & Light — Clay Elec. — Suwannee Valley Elec. — Progress Energy
Property ID Number 05-1517-64492-610 Estimated Cost of Construction 842, 646.00
Driving Directions 441 North Ranks of Miles To RT on Property
Driving Directions 441 NORTH RAWS MILES TO RT ON THE SIGN
Follow Dirt Road To End.
Stay left Number of Existing Dwellings on Property
Driving Directions 441 North American Miles To RT on Blue Sign)  Follow Direct Road To End.  Stay left Number of Existing Dwellings on Property  Construction of Swifting Pool Pool Pool Pool Pool Pool Pool Poo
Do you need a - <u>Culvert Permit</u> or <u>Culvert Waiver</u> or <u>Have an Existing Drive</u> Total Building Height
Actual Distance of Structure from Property Lines - Front $900^{FT}$ Side $534^{FT}$ Side $57^{FT}$ Rear $384^{FT}$
Number of Stories Heated Floor Area Total Floor Area Roof Pitch
Application is housely made to obtain a narmit to do work and installations as indicated. I portify that no work or

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.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCMENT 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.

#### 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:

<u>YOU ARE HEREBY NOTIFIED</u> 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.

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.

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.

Contractor's License Number CPCOS7180
Columbia County
Competency Card Number

Affirmed under penalty of perjury to by the Contractor and subscribed before me this Say of Section 2007
Personally known or Produced Identification

SEAL:

Page 2 of 2 (Both Pages must be submitted together.)

**State of Florida Notary Signature (For the Contractor)** 

Revised 11-30-07

Barbara C. Webster

Commission # DD329279
Expires July 2, 2008

\*1218.07 QWAILE

#### COLUMBIA COUNTY BUILDING DEPARTMENT



135 NE Hernando Ave.. Suite B-21

Lake City, FL 32055

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

# SWIMMING POOL MINIMUM PLAN REQUIREMENTS AND CHECKLIST FOR FLORIDA BUILDING CODE 2004

REQUIREMENTS FOR SITE BUILT POOLS. (2 Sets of plans with engineering is required to be submitted for each permit.)

1.	Site-Plan showing the location of the pool and the distance from each property line,
	include structures and the distance from the pool.
2.	Reinforcement, thickness and type concrete, depth limits, details of built in steps,
	footings on decks, for both pools and hot tubs or whirlpools.
3.	
4.	Entrapment protection device. (Manufacturer and Model)
5.	Back-up vacuum relief device or means.
	A. Approved vacuum release system. (Manufacturer and Model)
	B. Approved vent piping.
	C. Other approved devices or means.
6.	Diameter and depths of proposed pool relative to adjacent foundations of other
	structures and any retaining walls and/or finished grades and slopes. If pool falls in
	the angle of repose of any existing foundation, additional engineering shall be
	provided indicating how the foundation shall be maintained.
7.	Distance of any glass adjacent to the pool edge and distance from walking surface to
	bottom edge of glass. (As per FBC 2004 section 2405.2 any glass within 60" of the
	waters edge and within 60" of the walking surface on the pool side of the glazing shall
	be tempered.)
8.	All accessories to the pool such as ladders, slides, diving boards etc. that are
	proposed.
9.	Location of existing electrical outlets and fixtures and the proposed receptacle within
	the pool area.
	Location and type of all proposed pool equipment, electric and gas service.
11.	Will pool or spa have a heater and will it be gas or electric? (If gas provide layout
	and sizing of gas lines.)
12.	Show detail of how <b>POOL BARRIER REQUIREMENTS</b> , FBC Section 424.2.17.
	shall be met on this specific pool.
13.	NOTICE TO SWIMMING POOL OWNERS - Include this form signed by the
	owner and the contractor.

#### REQUIRED INSPECTIONS:

<u>GROUND</u>: Set-backs from property lines, distance from existing foundations, pool shell structure, bonding of all metal parts, electrical rough-in, main drains and associated piping, distance to glazing.

<u>DECK:</u> Slab reinforcement and deck drains, bonding of all metal equipment and parts, lighting, including potting compound, electrical deck box, suction and return piping under minimum pressure test.

<u>FINAL</u>: Location and installation of all equipment, Barrier requirements as per plan, Electrical receptacles and finished electric hook-ups, Completed piping and valve system, Gas heaters installed and connected to gas lines (if applicable).

## COLUMBIA COUNTY BUILDING DEPARTMENT



135 NE Hernando Ave., Suite B-21

Lake City, FL 32055 Office: 386-758-1008 Fax: 386-758-2160

Application Number	Y	
Application Number		

## NOTICE TO SWIMMING POOL OWNERS

	at 10 feet. The alarm shall sound immediately upon opening the window or door unless the temp by pass mechanism is activated.  2) Or: all doors providing direct access from the home to the pool must be equipped with a self-clo	orary
	1) All doors and first floor windows with a sill height of less than 48 inches providing direct access the home to the pool must be equipped with an alarm that has a minimum sound pressure rating of 85 deci	ibels
fence. barrier	wall or other enclosure or portion thereof is situated on the perimeter of the pool and meets the pool requirements.  a wall of a dwelling serves as part of the barrier one of the following shall apply:	
latchin • The ba	ocated in the pool barrier must open outward away from the pool and be both self-closing and self ag, with a release mechanism not less than 54" above the standing surface at the gate.  The pool barrier must be separate from any other fence, wall, or other enclosure surrounding the yard unless the	
climb	rrier shall not have any gaps or openings which would allow a child to crawl under, squeeze throughover and must be placed no less than 20 inches from the water's edge.	or
Unless	ool access must be isolated by a barrier at least 4 feet high and installed around the perimeter of the parties the pool is equipped with a safety cover complying with the specifications of American Society for g and Materials standard F-1346-91.	ool.
applicable regula tubs, or non-port requirements:	have been informed and I understand that prior to the final inspections of my pool. I will need all the inspections approved and the required fencing installed in accordance ations. The Florida Building Code Chapter 4 Section 24 requires private residential swimming pools table spas containing water over 24 inches deep to meet the following pool barrier safety feature	dance v

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Return to: (enclose self-addressed stamped envelope

Name: Advantage Pools

757 S.W. SR. 247 Suite 101 Lake City FL 32025

This Instrument Prepared by: Name: Advantage Pools

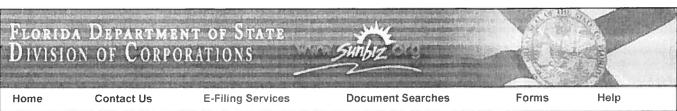
Address: 757 S.W. SR. 247 Suite 101 Lake City FL 32025

Property Appraisers Parcel Identification

Inst:200712027842 Date:12/18/2007 Time:12:45 PM DC,P.DeWitt Cason, Columbia County Page 1 of 1

SPACE ABOVE THIS LINE FOR RECORDING DATA SPACE ABOVE THIS LINE FOR PROCESSING DATA 386-758-7522 NOTICE OF COMMENCEMENT Tax Folio No. \_ Permit No. State of Florida. County of COLUMBIA The undersigned hereby gives notice that improvements will be made to certain real property, and in accordance with chapter 713 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT. Legal description of property (include Street Address, if available) A PART of THE 14 of Section Town altip 1 South Range 17 EAST, COLUMBIA COUNTY FLORD A MOSE PARTICULARY DISCRIBED HE TOLLOWS SOUTHERST CORNER General description of improvements Swimming Pools Owner's Name & ALTAMIRA FARMS Address 166 NE ROE PL. White SPRINGS FL 32096 Owner's Interest in site of the improvement Fee Simple Title holder (if other than owner) \_ Phone: Fax: Contractor Advantage Pools Phone: 386-758-7522 Address 757 S.W. SR. 247 Suite 101 Lake City FL 32025 Fax: 386-758-6932 Surety Phone: \_\_ Amount of bond \$ . Address \_\_\_ Lender's Name. Fax: Phone: 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. Name Phone: Fax: \_\_\_ Address in addition to himself, owner designates \_\_\_ Fax:\_ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes. Expiration date of Notice of Commencement (the expiration date is 1 year from the date of recording unless a different date is specified) STARY RUSSER STAMP STALL I have relied upon the following identification of the Affiant day of Det Porty Barbara C. Webster
Commission # DD329279

Expires July 2, 2008 Bonded Troy Fain ' Insurance, Inc. 800-369-7019



Previous on List Next on List

Return To List

No Events

No Name History

**Entity Name Search** 

## **Detail by Entity Name**

## Florida Limited Liability Company

ALTAMIRA FARM, LLC

### Filing Information

**Document Number L06000102100** 

FEI Number

205743916

Date Filed

10/19/2006

State Status FL **ACTIVE** 

## **Principal Address**

1221 BRUCE B DOWNS

# 110

WESLEY CHAPEL FL 33543 US

### Mailing Address

1221 BRUCE B DOWNS

#110

WESLEY CHAPEL FL 33543 US

### Registered Agent Name & Address

SOLORZANO, LUIS G 19221 CINNAMON RIDGE WAY TAMPA FL 33647 US

#### Manager/Member Detail

#### Name & Address

Title MGRM

SOLORZANO, LUIS G 19221 CINNAMON RIDGE WAY TAMPA FL 33647 US

Title MGRM

SOLORZANO, MANUEL G 27440 SUGAR LOAF DR WESLEY CHAPEL FL 33543 US

Title MGRM

SOLORZANO, LUISA F 19221 CINNAMON RIDGE WAY TAMPA FL 33647 US

## **Annual Reports**