

APPLICANTDARRELL TURNERPHONE755-0056

ADDRESSP.O. BOX 3307LAKE CITYFL32056

OWNERMIKE SCHWARTZPHONE755-7543

ADDRESS113SW ELIZABETH CTLAKE CITYFL32024

CONTRACTORDARRELL TURNERPHONE755-0086

LOCATION OF PROPERTY47S, TR ON WARD, 1ST HOUSE ON RIGHT

TYPE DEVELOPMENTRE-ROOF ON SFDESTIMATED COST OF CONSTRUCTION6700.00

HEATED FLOOR AREATOTAL AREAHEIGHTSTORIES

FOUNDATIONWALLSROOF PITCHFLOOR

LAND USE & ZONINGMAX. HEIGHT

Minimum Set Back Requirments:STREET-FRONTREARSIDE

NO. EX.D.U.FLOOD ZONEDEVELOPMENT PERMIT NO.

PARCEL ID19-4S-17-08521-000SUBDIVISION

LOTBLOCKPHASEUNITTOTAL ACRES

CCC1328465

Culvert Permit No.Culvert WaiverContractor's License NumberApplicant/Owner/Contractor

EXISTINGX08-154BKJHN

Driveway ConnectionSeptic Tank NumberLU & Zoning checked byApproved for IssuanceNew Resident

COMMENTS: NOC ON FILE

Check # or Cash4190

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Powerdate/app. byFoundationdate/app. byMonolithicdate/app. by

Under slab rough-in plumbingdate/app. bySlabdate/app. bySheathing/Nailingdate/app. by

Framingdate/app. byRough-in plumbing above slab and below wood floordate/app. by

Electrical rough-indate/app. byHeat & Air Ductdate/app. byPeri. beam (Lintel)date/app. by

Permanent powerdate/app. byC.O. Finaldate/app. byCulvertdate/app. by

M/H tie downs, blocking, electricity and plumbingdate/app. byPooldate/app. by

Reconnectiondate/app. byPump poledate/app. byUtility Poledate/app. by

M/H Poledate/app. byTravel Trailerdater/app. byRe-roofdate/app. by

BUILDING PERMIT FEE \$35.00CERTIFICATION FEE \$0.00SURCHARGE FEE \$0.00

MISC. FEES \$0.00ZONING CERT. FEE \$FIRE FEE \$0.00WASTE FEE \$

FLOOD DEVELOPMENT FEE \$FLOOD ZONE FEE \$CULVERT FEE \$TOTAL FEE35.00

INSPECTORS OFFICECLERKS 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

4190

For Office Use Only Application # 0805-09 Date Received 5/6/08 By GT Permit # 26981
Zoning Official _____ Date _____ Flood Zone _____ FEMA Map # _____ Zoning _____
Land Use _____ 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 Authorization from Contractor
☐ Unincorporated area ☐ Incorporated area ☐ Town of Fort White ☐ Town of Fort White Compliance letter

Name Authorized Person Signing Permit Danell Turner Fax 386-755-4660
Address P.O. Box 3382 Lake City FL 32056 Phone 386-755-0086
Owners Name Mike Schwartz Phone 755-7543
911 Address 113 SW Elizabeth Ct, L.C. 32024
Contractors Name Danell Turner Phone 386-755-0086
Address P.O. Box 3382 Lake City FL 32056
Fee Simple Owner Name & Address _____
Bonding Co. Name & Address _____
Architect/Engineer Name & Address _____
Mortgage Lenders Name & Address _____

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

Property ID Number 19-45-17-08521-000 Estimated Cost of Construction \$6700
Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____
Driving Directions 47 South to Ward turn Right 1st house
on right
Number of Existing Dwellings on Property _____

Construction of 12-600 f on SFD 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 Heated Floor Area _____ 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.

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.

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.

OWNERS AFFIDAVIT: 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.

* Mildred Denise Schwartz
Owners Signature

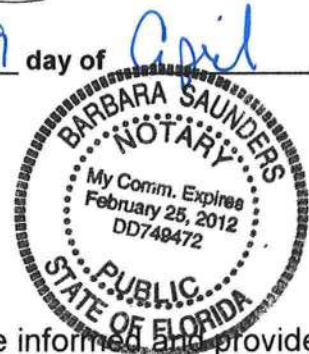
Affirmed under penalty of perjury to by the Owner and subscribed before me this 29 day of April 2008.

Personally known ☒ or Produced Identification _____

Barbara C. Saunders

SEAL:

State of Florida Notary Signature (For the Owner)



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.

David P. ...
Contractor's Signature (Permitee)

Contractor's License Number CCC1328465
Columbia County
Competency Card Number _____

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 2 day of May 2008.

Personally known ☒ or Produced Identification _____

Brenda Meads

State of Florida Notary Signature (For the Contractor)

SEAL:



**NOTICE OF COMMENCEMENT FORM
COLUMBIA COUNTY, FLORIDA**

THE UNDERSIGNED hereby gives notice that improvement 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.

Tax Parcel ID Number 19-45-17-08521-000

1. Description of property: (legal description of the property and street address or 911 address)

Sect 19 Twp 45 Range 17 Subd
113 SW Elizabeth Ct Lake City FL 32028

2. General description of improvement: Permit

3. Owner Name & Address Mike + Denise Schwartz 113 SW
Elizabeth Ct Lake City FL Interest in Property _____

4. Name & Address of Fee Simple Owner (if other than owner): _____

5. Contractor Name Danell Turner Phone Number 386-755-0086
Address P.O. Box 3307 Lake City FL 32056

6. Surety Holders Name _____ Phone Number _____
Address _____

Amount of Bond _____

7. Lender Name _____ Phone Number _____
Address _____

8. Persons within the State of Florida designated by the Owner upon whom notices or other documents may be served as provided by section 718.13 (1)(a) 7; Florida Statutes:

Name _____ Phone Number _____
Address _____

9. In addition to himself/herself the owner designates _____ of
_____ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) -
(a) 7. Phone Number of the designee _____

10. Expiration date of the Notice of Commencement (the expiration date is 1 (one) year from the date of recording,
(Unless a different date is specified) _____

NOTICE AS PER CHAPTER 713, Florida Statutes

The owner must sign the notice of commencement and no one else may be permitted to sign in his/her stead.

Sworn to (or affirmed) and subscribed before
day of April, 2008 29

NOTARY STAMP/SEAL

Barbara Sanders



Signature of Owner

MC [Signature]
medwed Denise Schwartz

5/06/2008 15:51 **Property Maintenance**

22291 Land 001

Year T Property Sel

AG 000

2008 R 19-4S-17-08521-000 *

70738 Bldg 001 *

Owner SCHWARTZ MICHAEL C & MILDRED D + Conf . .

1088 Xfea 003

Addr 113 SW ELIZABETH CT

94117 TOTAL B*

.860 Total Acres

Retain Cap? Renewal Notice

City, St LAKE CITY FL Zip 32025 Y

Country (PUD1) (PUD2) (PUD3) MKTA06

Appr By JS . . Date 9/27/2005 AppCode . . UseCd 000100 **SINGLE FAMILY**

TxDist Nbhd MktA ExCode Exemption/% TxCode Units Tp

.002 .19417.01 .06 . . HX 25000

BRADY PK-1

House# 113 Street ELIZABETH MD CT . . Dir SW #

- City LAKE CITY

Subd **N/A** Condo00 **N/A**

Sect 19 Twn 4S Rnge 17 Subd Blk Lot

Legals COMM SW COR OF NE1/4 OF NW1/4, . . RUN N 25 FT TO N R/W WARD RD, . .

RUN E 343.92 FT TO SW COR LOT . . 1 FOR POB, RUN NW 82 FT, NE +

Map# Mnt 9/13/2006 LARRY

F1=Task F2=ExTx F3=Exit F4=Prompt F11=Docs F10=GoTo PgUp/PgDn F24=More

DW Turner Roofing, Inc.

Estimate

P.O. Box 3307
Lake City, FL 32056
LIC# RC29027074

Date	Estimate #
4/22/2008	730

Name / Address
DENISE SCHWARTZ 755-7543

			Project
Description	Qty	Rate	Total
Reroof for: PRICE INCLUDES: all permits and disposal of waste tear off old shingles #30 felt paper button caps eave drip valley metal 5x5 flashings ridge vents off ridge vents pipe flashings 30 year shingles installed ridge cap installed coil nails, and tar includes rot repair-UP TO 3 SHEETS		6,700.00	6,700.00
		Total	6,700.00 6340.00

Phone #	Fax #
386-755-0086	386-755-4660