

DATE 08/16/2007

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000026136

APPLICANT THOMAS ADAMS PHONE 352.694.2580

ADDRESS POB 830157 Ocala FL 34483

OWNER ANTHONY ZUKOWSKI PHONE 719.4936

ADDRESS 119 SW HANCOCK COURT LAKE CITY FL 32024

CONTRACTOR H.J. MCDONALD PHONE 352.694.2580

LOCATION OF PROPERTY SR 47-S TO CALLAHAN RD, TL TO CALLAWAY S.D AND IT'S THE 2ND HOME ON LEFT CORNER @ HANCOCK COURT.

TYPE DEVELOPMENT ROOF OVER./SFD ESTIMATED COST OF CONSTRUCTION 24480.00

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 15-4S-17-08355-417 SUBDIVISION CALLAWAY

LOT 7 BLOCK PHASE 1 UNIT TOTAL ACRES

Culvert Permit No. Culvert Waiver X-07-328 Contractor's License Number CRC001864

Driveway Connection Septic Tank Number LU & Zoning checked by Applicant/Owner/Contractor JLW N

Approved for Issuance New Resident

COMMENTS: NOC ON FILE.

Check # or Cash 1169

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 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

Permanent power date/app. by C.O. Final date/app. by Culvert date/app. by

M/H tie downs, blocking, electricity and plumbing date/app. by Pool date/app. by

Reconnection date/app. by Pump pole date/app. by Utility Pole date/app. by

M/H Pole date/app. by Travel Trailer date/app. by Re-roof date/app. by

BUILDING PERMIT FEE \$ 125.00 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 125.00

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."

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVENIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

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

Revised 9-23-04

NOTARY STAMP/SEAL

 Notary Signature

Contract and Agreement

WINDOW SUPPLY, INC.

P.O. Box 830157
Ocala, FL 34483-0157

CONTRACT AMOUNT

12,744

DOWN PAYMENT

\$ 5000

AMOUNT OF CONSOLIDATION

TOTAL BALANCE

12,744

DATE

7-23-07

Phone: (352) 694-2580 • (352) 694-6939 • Toll Free (800) 897-2637

I/We the owner(s) of the premises mentioned below, hereby engage and hire you as contractor, to furnish and install all necessary materials and labor, to install, construct and place the improvements according to the following specifications, terms and conditions, on and in the premises below described which we warrant and represent that we have good record title as to owners in our own name.

OWNER'S NAME(S)

Anthony Zukewski

PHONE

386-719-4936

ADDRESS

119 Hancock Ct. S.W. City Lake City

STATE

FL

ZIP

33024-4153

DESCRIPTION OF WORK TO BE DONE AND MATERIALS TO BE USED:

Addendum to Original Contract

① Change from Metal Roofing System to Tamko Shingles SD

② Tear-off existing shingles & dispose

③ Color to be Black Walnut

④ Original \$5000 down payment apply towards purchase

⑤ Payment in full due upon completion of installation not final inspection

⑥ All other items on original contract apply.

Contractor has public liability insurance. All sub-contractors have certificate of insurance or certificate of exemption at the time the services are rendered.

The undersigned contractor agrees to sell and the undersigned buyer(s) jointly and severally, if more than one) agrees to purchase the above described goods and services which are to be furnished or used in the modernization, rehabilitation, repair, alteration or improvement of real property located at buyer's address given above. WINDOW SUPPLY, INC. reserves the right to assign this contract to another Licensed Contractor at its discretion.

APPROXIMATE START DATE

3-5 wks.

APPROXIMATE COMPLETION DATE

3-5 days

LOAN PROPOSAL

Buyer(s) may request seller to arrange a loan in the amount necessary to cover the price under this agreement. If seller is unable to arrange such a loan, this contract is automatically terminated.

Because of the large number of sources where seller may arrange such a loan and because each of them has various methods of computing the loan cost, it is impossible to furnish a full disclosure statement as required by law, until such time as seller is able to obtain an "Agreement to Loan" from one or another financial source. If the buyer(s) should request the seller to arrange a loan, a full disclosure statement will be furnished immediately upon obtaining an "Agreement to Loan." An "Agreement to Loan" from another financial source is customarily secured by mortgage of real estate.

Based on the terms of this contract the repayment term of the loan shall be approximately _____ months and the monthly payments shall be approximately _____ per month, (excluding insurance, points, appraisals, property reports, etc., which may or may not be part of your loan, but including finance charges/interest based on the terms of this contract).

NOTICE TO OWNER

A. Do not sign this home improvement contract in blank.

B. You are entitled to a copy of the contract at the time you sign. Keep it to protect your legal rights.

C. This home improvement contract may contain a mortgage or otherwise create a lien on your property that could be foreclosed on if you fail to pay. Be sure you understand all provisions of the contract before you sign.

D. This contract is subject to review and approval by management of Window Supply Inc. and is not valid until approved.

CONSTRUCTION INDUSTRIES RECOVERY FUND

Payment may be available from the Construction Industries Recovery Fund if you lose money on a project performed under contract, where the loss results from specified violations of Florida Law by a State-Licensed Contractor. For information about the recovery fund and filing claim, contact: Florida Construction Industry Licensing Board c/o 1940 North Monroe St. Tallahassee, FL 32399-0783 (904) 727-6530.

ACCEPTANCE - The prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

NOTICE OF RIGHT TO CANCEL CONTRACT

You the buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. See the attached notice of cancellation form for an explanation of this right.

Agent

Date 7-23-07

Buyer

Anthony Zukewski

Date

7-23-07

Co-Buyer

Christina Hancock

Date

7-23-07

BUYER ACKNOWLEDGES RECEIPT OF THIS CONTRACT IMMEDIATELY UPON THE EXECUTION HEREOF.

FLORIDA CONTRACTORS LICENSE # CR-0001864

NO VERBAL AGREEMENTS WILL BE HONORED. ITEMS ORDERED MUST BE ON CONTRACT

This is a legally binding contract. If not fully understood seek competent advice.

Rev. 05/01

ACORD™ CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
11/08/06

PRODUCER

HRH of Savannah, Inc.
P.O. Box 9966
7 East Congress St., Ste 1002
Savannah, GA 31412

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

Window Supply, Inc.
PO Box 830157
Ocala, FL 34483

INSURERS AFFORDING COVERAGE

NAIC

INSURER A: Landmark American Ins. Co

INSURER B: Bridgefield Casualty through Summitt

10335

INSURER C: Safeco Insurance Company

1635

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:5,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	LHA104611	11/01/06	11/01/07	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
C		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	01CH30818210	11/01/06	11/01/07	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	63034542	06/01/06	06/01/07	WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Qualifier Name: H J McDonald, Jr.
State License Number CRC001864

CERTIFICATE HOLDER

Columbia County Bldg Dept
35 N Hernando Street
Lake City, FL 32055

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

B. F. Pats Daves

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/05/2007PRODUCER (352)732-4550 FAX (352)732-0132
Lossing Insurance Agency, Inc.
1724 SE 17th Avenue
Ocala, FL 34471THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.INSURED Window Supply Inc
DBA: National Homecraft
PO Box 830157
Ocala, FL 34484

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Bridgefield Employers Ins Co

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING
ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR
MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH
POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
LTR	NSRD						
		GENERAL LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
		<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC					
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
		<input type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
							\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		RETENTION \$					\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	0830-34542	06/01/2007	06/01/2008	X WC STATU- TORY LIMITS	OTH- ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT	\$ 100,000
						E.L. DISEASE - EA EMPLOYEE	\$ 100,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Qualifier: H J McDonald Jr
License #: CRC001864

CERTIFICATE HOLDER

Columbia County Building Department
PO Box 1529
Lake City, FL 32056-1529

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE
EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL
10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,
BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY
OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Kim Sheffield A293346

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STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

(850) 487-1395

MC DONALD, H J JR
WINDOW SUPPLY INC
POST OFFICE BOX 830157
OCALA FL 34483-0157



STATE OF FLORIDA AC# 2637958
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

CRC001864 06/29/06 050813342

CERTIFIED RESIDENTIAL CONTRACTOR
MC DONALD, H J JR
WINDOW SUPPLY INC

IS CERTIFIED under the provisions of Ch.489 FS.
Expiration date: AUG 31, 2008 L06062900942

DETACH HERE

AC# 2637958

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L06062900942

DATE	BATCH NUMBER	LICENSE NBR
06/29/2006	050813342	CRC001864

The RESIDENTIAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2008

MC DONALD, H J JR
WINDOW SUPPLY INC
4441 SE 53RD AVENUE
OCALA FL 34480

SIMONE MARSTILLER

Prepared By:
Mary Halloran
Window Supply, Inc.
D/B/A National HomeCraft
Post Office Box 830157
Ocala, FL 34483-0157

Tax Folio/Parcel ID: 15-43-16-03023-107 HX DW VX

NOTICE OF COMMENCEMENT

County: Columbia

State: FL

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: LOT 7 Callaway S/D Unit 2 C/B 819-193, 830-2347, 897-851
WD 1000-1744

2. General description of improvement: Metal Roof over

3. Titleholder Name: Anthony Zukowski Address: 119 SW Hancock St
Christina Hawks
City: Lake City State: FL Zip Code: 32024

4. Contractor:
H.J. McDonald, Jr.
Window Supply, Inc.
Post Office Box 830157
Ocala, FL 34483-0157

Inst:200712018599 Date:8/16/2007 Time:11:26 AM
DC DC,P.DeWitt Cason , Columbia County Page 1 of 1

5. Surety: Not Applicable

6. Lender Name: Not Applicable

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: NO

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: NO

9. Expiration date of Notice of Commencement: NO

Anthony Zukowski Date: 7-16-07
Signature of Owner

Christina Hawks Date: 7-16-07
Signature of Owner

STATE OF FLORIDA

County of Columbia

The foregoing instrument was acknowledged before me this 16 day of July, 2007, by Anthony Zukowski & Christina Hawks (print name) who is known personally to me or who has produced as identification.

Jerry White
Notary Public

Jerry White
Printed Name

DD 686 717
Commission Number

6-18-11
Commission Expires



(Seal)



WINDOW SUPPLY, INC.

P. O. Box 830157 ~ Ocala, Florida 34483
352-694-2580 ~ fax 352-694-6939

Date: 7/17/2007

License Holder: H.J. McDonald Jr.

State License Number: CR-C001864

Marion County License Number: SCC454

I, H.J. McDonald Jr., do hereby name the following person who works for Window Supply, Inc. d/b/a National HomeCraft to be my lawful agent in fact to do all things necessary to obtain permits in the Columbia County Florida.

Name

Signature

Thomas, Adams

Authorization is good for one (1) year from the above date. Any other authorization that was given is here by null and void.

H.J. McDonald Jr.

Subscribed before me this 7/17/2007, by H.J. McDonald Jr. who is personally known to me and did not take an oath.

Notary Public
State Of Florida At Large

