

DATE 08/14/2007

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000026126

APPLICANT RICHARD CHEATWOOD PHONE 732-7040
ADDRESS 8847 SAN JOSE BLVD JACKSONVILLE FL 32217
OWNER WEE CARE PRE-SCHOOL & DAY CARE PHONE 386-754-5111
ADDRESS 6170 SW CR 240 LAKE CITY FL 32024
CONTRACTOR RD CHEATWOOD CONST. PHONE 904-732-7040
LOCATION OF PROPERTY 47 SOUTH, ON THE RIGH CRNER OF CR 240 AND 47

TYPE DEVELOPMENT MODULAR ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AREA HEIGHT 12.00 STORIES 1
FOUNDATION WALLS FRAMED ROOF PITCH FLOOR
LAND USE & ZONING AG-3 MAX. HEIGHT 35
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 10-5S-16-03552-000 SUBDIVISION
LOT BLOCK PHASE UNIT TOTAL ACRES 0.68

Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 07-0640N BK JH N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: NOC ON FILE, EXISTING NON-CONFORMING SETBACK WILL REMAIN AT 10'
DRIVE IS OFF CR 240,

Check # or Cash 1670

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power Foundation Monolithic
date/app. by date/app. by date/app. by
Under slab rough-in plumbing Slab Sheathing/Nailing
date/app. by date/app. by date/app. by
Framing Rough-in plumbing above slab and below wood floor
date/app. by date/app. by
Electrical rough-in Heat & Air Duct Peri. beam (Lintel)
date/app. by date/app. by date/app. by
Permanent power C.O. Final Culvert
date/app. by date/app. by date/app. by
M/H tie downs, blocking, electricity and plumbing
date/app. by Pool
date/app. by
Reconnection Pump pole Utility Pole
date/app. by date/app. by date/app. by
M/H Pole Travel Trailer Re-roof
date/app. by date/app. by date/app. by

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 200.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 275.00
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.

Columbia County Building Permit Application

1244 mes... 8/6/07
c/c 1670

For Office Use Only Application # 0708-08 Date Received 8/3/07 By LH Permit # 26126
Application Approved by - Zoning Official BLK Date 06.08.07 Plans Examiner JH (UH) Date 08-3-07
Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3
Comments Existing Non-conforming Setback will remain the same at 10'

☒ NOC ☒ EH ☐ Deed or PA ☐ Site Plan ☐ State Road Info ☐ Parent Parcel # ☐ Development Permitt
Fax 904-732-7455

Name Authorized Person Signing Permit RICHARD CHEATWOOD Phone 732-7040
Address 8847 SAN JOSE BLVD. JACKSONVILLE, FL 32217

Owners Name WEE CARE PRE-SCHOOL & DAY CARE Phone 386-754-5111
911 Address 6170 SW COUNTY ROAD 240 LAKE CITY, FL 32024

Contractors Name RD CHEATWOOD CONSTRUCTION CO. Phone 904-732-7040
Address 8847 SAN JOSE BLVD. JAX, FL 32217

Fee Simple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address DAVID HAYNES ARCHITECT 4247 SHERWOOD RD JAX, FL 32210

Mortgage Lenders Name & Address _____

Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progressive Energy
Property ID Number 10-55-16-03552-000 Estimated Cost of Construction 28,000

Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____

Driving Directions SOUTH ON I-75 WEST ON HWY 47 PROPERTY AT CORNER OF HWY 47 AND CR 240

Type of Construction MODULAR - TYPE V Number of Existing Dwellings on Property ONE

Total Acreage .68 Lot Size _____ Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Dr

Actual Distance of Structure from Property Lines - Front 34 Side 11 Variance Side 8 Rear 108

Total Building Height 12'-0" Number of Stories ONE Heated Floor Area 4115 Roof Pitch _____

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.

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.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Owner Builder or Authorized Person by Notarized Letter _____ Contractor Signature RD Cheaton

STATE OF FLORIDA COUNTY OF COLUMBIA Contractors License Number CG-6011660 Competency Card Number _____

Sworn to (or affirmed) and subscribed before me _____ NOTARY STAMP/SEAL

this 3rd day of Aug. 2007 Notary Signature _____

Personally known _____ or Produced Identification ✓ Notary Signature _____

NOTARY PUBLIC-STATE OF FLORIDA
Archie Alderman
Commission # DD53870C
Expires: APR. 10, 2010
Bonded Thru Atlantic Bonding Co., Inc.
(Revised Sept. 2001)



0708-08

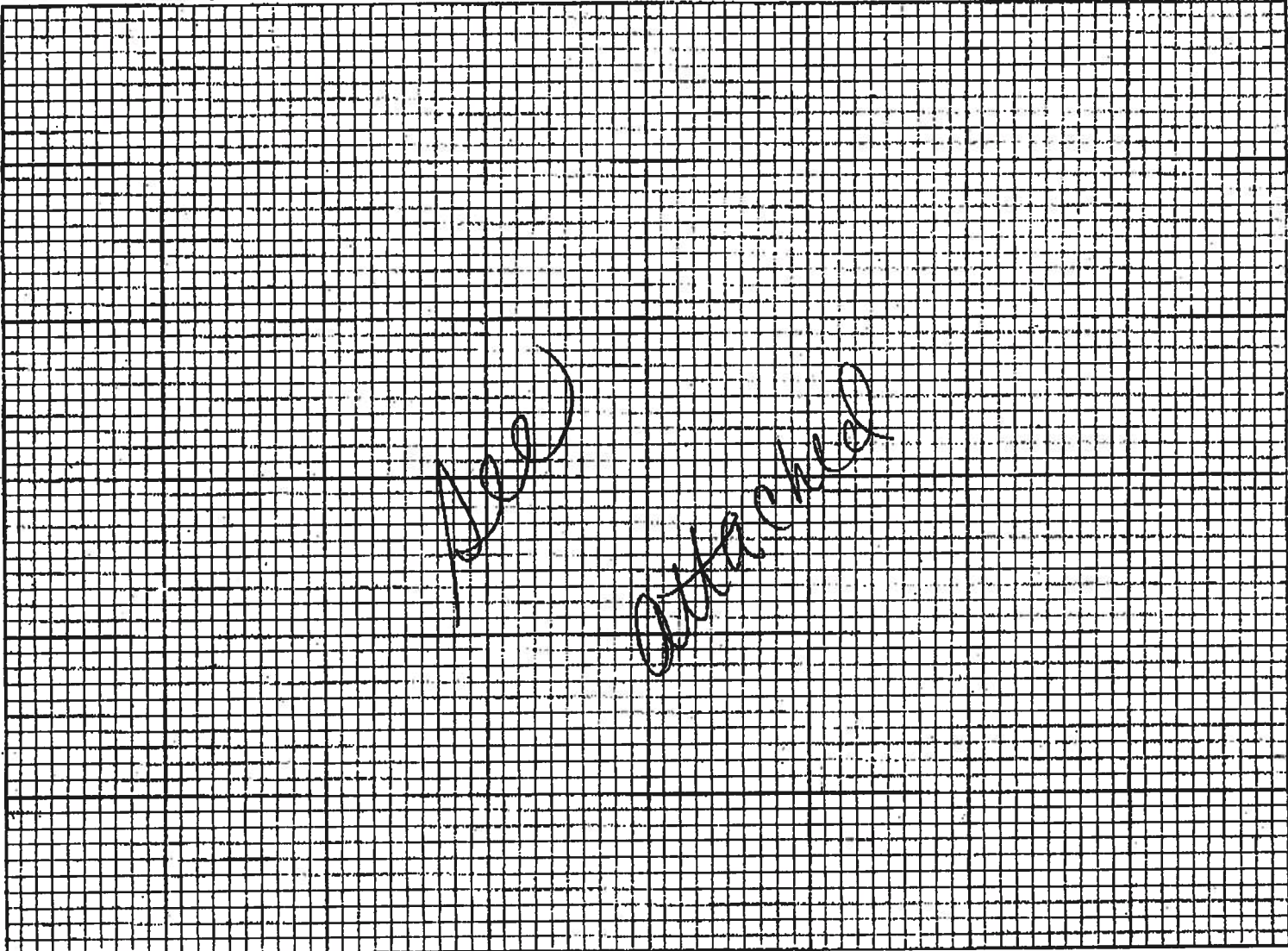
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 07-0640-NWe Care 182 PG

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes:

Site Plan submitted by: X

Signature

Plan Approved ✓

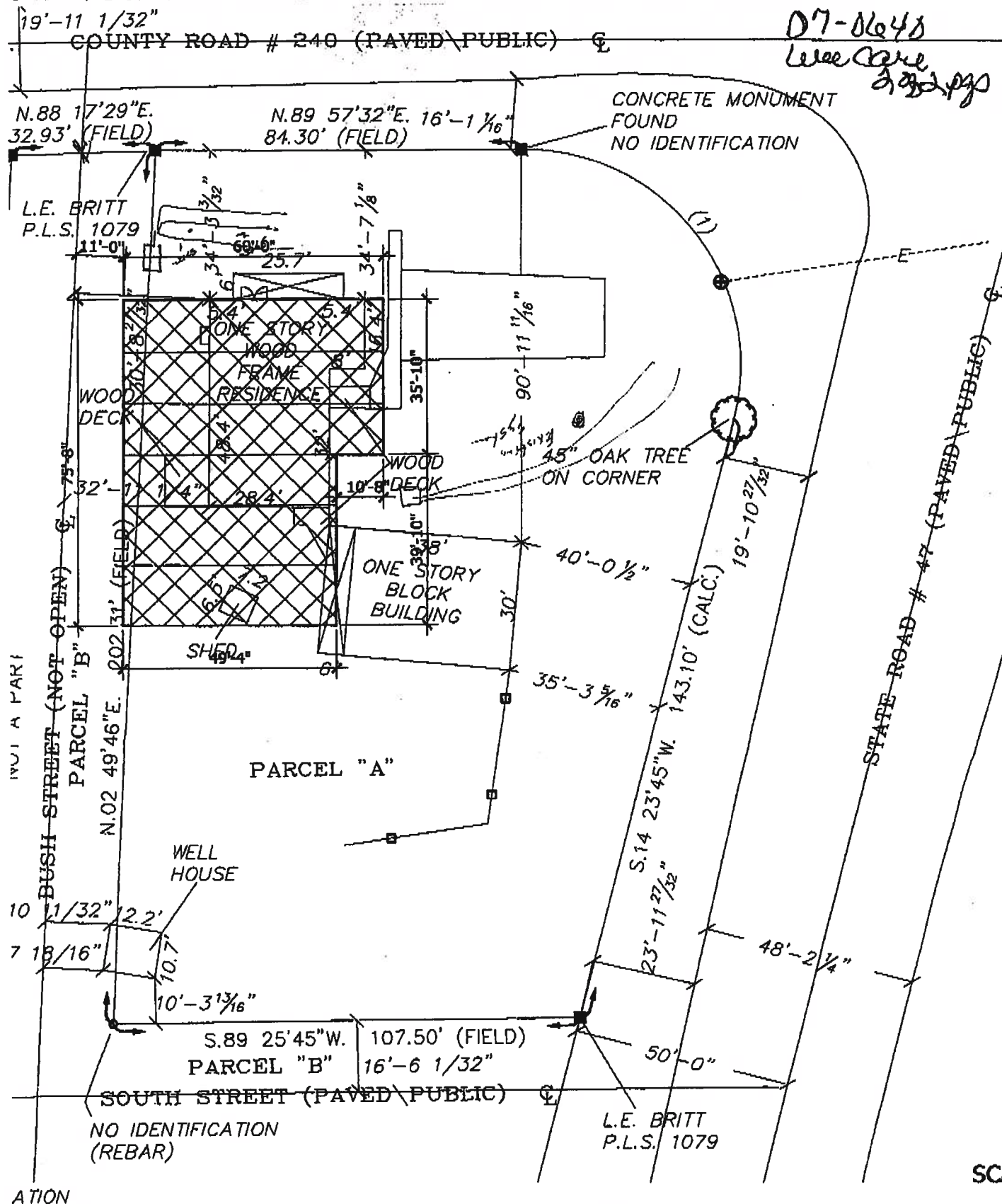
Not Approved _____

Title

Date 8-13-07By Mr. J. L.Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



8-9-07

R. A. Smith

SC

NOTICE OF COMMENCEMENT FORM
COLUMBIA COUNTY, FLORIDA

THIS DOCUMENT MUST BE RECORDED AT THE COUNTY
CLERKS OFFICE BEFORE YOUR FIRST INSPECTION

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.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE
RECORDING YOUR NOTICE OF COMMENCEMENT.

Tax Parcel ID Number 10-5S-16-03552-000

Permit Number 26126

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

6170 SW County Road 240

Lake City, FL 32024

2. General description of improvement: Installation of New Modular Buildings

3. Owner Name & Address Wee Care Preschool & Daycare

6170 SW County Road 240 Lake City, FL 32024

Interest in Property _____

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

5. Contractor Name R.D. Cheatwood Construction Company

Phone Number 904.732.7040

Address 8847 San Jose Blvd. Jacksonville, FL 32217

6. Surety Holders Name _____

Phone Number _____

Address _____

Amount of Bond _____

7. Lender Name First Federal Savings Bank

Phone Number 386.755.0600

Address Lake City, FL 32055

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 _____

Address _____

Inst: 200712018450 Date: 8/14/2007 Time: 3:23 PM
DC, P. DeWitt Cason, Columbia County Page 1 of 1

9. In addition to himself/herself the owner designates _____

of

_____ to receive a copy of the Lien 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) _____

THE OWNER MUST SIGN THE NOTICE OF COMMENCEMENT AND NO ONE ELSE MAY BE PERMITTED TO SIGN
IN HIS/HER STEAD.

State of FL.
County of Columbia

[Signature]
Signature of Owner

E 420-552-69-599-0

Sworn to (or affirmed) and subscribed before day of Aug 13, 2007.

[Signature]
Signature of Notary

NOTARY STAMP/SEAL



GLORIA A. DEVEREUX
MY COMMISSION # DD-526112
EXPIRES: April 26, 2010
Bonded Thru Budget Notary Services

Prepared by:

Elaine R. Davis / Megan Marable
American Title Services of Lake City, Inc.
321 SW Main Boulevard, Suite 105
Lake City, Florida 32025

File Number: 07-279

Inst:200712015202 Date:7/9/2007 Time:3:20 PM
Doc Stamp-Deed:0.70
DC,P.DeWitt Cason ,Columbia County Page 1 of 1

Warranty Deed

Made this July 6, 2007 A.D. By ,

Kimberly L. Service and Adam T. Service, husband and wife, hereinafter called the grantor, to

Wee Care Pre-School & Daycare, Inc., whose post office address is: 6170 SW CR 249, Lake City, Florida 32024, hereinafter called the grantee:

(Whenever used herein the term "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

Witnesseth, that the grantor, for and in consideration of the sum of Ten Dollars, (\$10.00) and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in Columbia County, Florida, viz:

Block 98, according to E. L. Snowdens Survey of the Town of COLUMBIA CITY, FLORIDA and being situated in Section 10, Township 5 South, Range 16 East, Less the North 8.50 feet for Right of Way for County Road No. 240., All Lying West of County Road No. 47. IN COLUMBIA COUNTY, FLORIDA.

Said property is not the homestead of the Grantor(s) under the laws and constitution of the State of Florida in that neither Grantor(s) or any members of the household of Grantor(s) reside thereon.

Parcel ID Number: 03352-000

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances except taxes accruing subsequent to December 31, 2006.

In Witness Whereof, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

Megan Marable

Witness Printed Name Megan Marable

Lisa Branswell

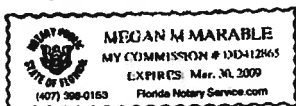
Witness Printed Name LISA BRANSWELL

Kimberly L. Service (Seal)
Kimberly L. Service
Address:

Adam T. Service (Seal)
Adam T. Service
Address:

State of Florida
County of Columbia

The foregoing instrument was acknowledged before me this 6th day of July, 2007, by Kimberly L. Service and Adam T. Service, husband and wife, who is/are personally known to me or who has produced drivers license as identification.



Megan M. Marable
Notary Public
Print Name: _____
My Commission Expires: _____

COLUMBIA COUNTY OFFICE DEPARTMENT OF BUILDING AND ZONING

OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 10-5S-16-03552-000

Building permit No. 000026126

Use Classification MODULAR

Fire: 0.00

Permit Holder RD CHEATWOOD CONST.

Waste:

Owner of Building WEE CARE PRE-SCHOOL & DAY CARE

Total: 0.00

Location: 6170 SW R 240

Date: 09/17/2007

Harry Dick
Building Inspector



POST IN A CONSPICUOUS PLACE
(Business Places Only)

26126

COLUMBIA COUNTY FIRE DEPARTMENT

135 NE HERNANDO AVENUE

P. O. BOX 1529

SUITE 203

LAKE CITY, FL 32055



PHONE (386) 754-7089

FAX (386) 754-7064

David L. Boozer
Division Chief

14 September 2007

To: Donna Giebeig
Department of Children

From: Jeff Crawford
Fire Lieutenant / Inspector #136416
Columbia County Fire Department

Re: Wee Care Day Care

Ms. Giebeig,

A fire safety inspection was performed at the Wee Care Day Care located at 6170 SW CR 240, Lake City, Florida 32024. This facility meets all requirements of Chapter 16 of the Florida Fire Prevention Code, 2004 Edition. No violations were noted. I recommend approval.

Jeffery C. Crawford
License # 136416

26126

Fire Alarm System Record Of Completion

Name of protected property: WEE CARL PRESCHOOL
Address: 6170 SW 2240
Representative of protected property (name/phone): MARIA ELLIS
Authority having jurisdiction: COLUMBIA COUNTY
Address/telephone number: _____

Organization name/phone _____ Representative name/phone _____
Installer: Security Safe Company 7585 216 Street O'Brien, FL 32071 (386) 935-2832 EF000353
Supplier: ADP
Service organization: Security Safe Company 7585 216 Street O'Brien, FL 32071 (386) 935-2832 EF000353
Location of record (as-built) drawings: FACP
Location of operation and maintenance manuals: FACP
Location of test reports: FACP
A contract, dated 9/5/07, for test and inspection in accordance with NFPA standard(s)
No(s) _____, dated _____, is in effect until 2011.

1. Type(s) of System or Service:

_____ NFPA 72, Chapter 6 - Local
If alarm is transmitted to location(s) off premises, list where received: _____

_____ NFPA 72, Chapter 9 - Auxiliary
Indicate type of Connection:
Local energy _____ Shunt _____ Parallel telephone _____
Location of telephone number for receipt of signals: _____

☒ NFPA 72, Chapter 8 - Remote Station
Alarm: _____
Supervisory: _____
_____ NFPA 72, Chapter 8 - Proprietary
If alarms are retransmitted to public fire service communications centers or other, indicate location and telephone numbers of the organization receiving alarm: _____

Indicate how alarm is retransmitted: _____

☒ NFPA 72, Chapter 8 - Central Station
Prime contractor: CMS

Central Station location: Longwood

Means of transmission of signals from the protected premises to the central station:
_____ McCulloh _____ Multiplex _____ One-way Radio
☒ Digital alarm communicator _____ Two-way radio _____ Others

Means of transmission of alarms to the public fire service communications center:
(1) Telephone
(2) _____

System location: _____
_____ NFPA 72, Chapter 9 _____ Auxiliary
Indicate type of connection: _____ Local energy _____ Shunt _____ Parallel telephone
Location of telephone number for receipt of signals: _____

2. Certification of System Installation

(Fill out after installation is complete and wiring checked for opens, shorts, ground faults, and improper branching, but prior to conducting operations acceptance tests.)

This system has been installed in accordance with the NFPA standards as shown below, was inspected by J. Davis
on 9/5/07, included the devices shown below, and has been in service since 9/5/07.

☒ NFPA 72, Chapters 1 2 3 4 5 6 7 8 9 10 11 (circle all that apply)
☒ NFPA 70, National Electrical Code, Article 760
☒ Manufacturer's instruction
Other(specify): _____

Signed: [Signature] Date: 9/10/07

Organization: Security Safe Company 7585 216 Street O'Brien, FL 32071 (386) 935-2832 EF000353

3. Certification of System Operation

All operations features and functions of this system were tested by on
and found to be operating properly in accordance with the requirements of:

- ☒ NFPA 72, Chapters 1 2 3 4 5 6 8 9 10 11 (circle all that apply)
☒ NFPA 70, National Electrical Code, Article 760
☒ Manufacturer's instruction
☐ Other(specify): _____

Signed: Jon R Date: 9/10/07

Organization: Security Safe Company 7585 216 Street O'Brien, FI 32071 (386) 935-2832 EF000353

4. Alarm Initiating Devices and Circuits (use blanks to indicate quantity of devices)

Quantity and class of initiating device circuits (see NFPA 72, Table 6.5):

Quantity: 1 Style: 4 Class: B

MANUAL

- (a) 9 Manual stations _____ Noncoded, activating _____ Transmitters _____ Coded
(b) _____ Combination manual fire alarm and guard's tour coded stations

AUTOMATIC

- Coverage: Complete: X Partial: _____ Selective: _____ Nonrequired: _____
(a) 15 Smoke detectors _____ Ion _____ Photo FS Addressable
(b) _____ Duct detectors _____ Ion _____ Photo _____ Addressable
(c) _____ Heat detectors _____ FT _____ RR _____ FT/RR _____ RC _____ Addressable
(d) Sprinkler waterflow indicators: _____ Transmitters _____ Noncoded _____ Coded _____ Addressable
(e) The alarm verification feature is disabled _____ or enabled _____, changed from _____ seconds to _____ seconds.
(f) Other (list): _____

5. Supervisory Signal-initiating Devices and Circuits (use blanks to indicate quantity of devices)

GUARD'S TOUR

- (a) _____ Coded Stations
(b) _____ Noncoded stations, activating _____ transmitters
(c) _____ Compulsory guard tour system comprised of _____ transmitter stations and _____ intermediate stations.
Note: Combination devices are recorded under 5(b) and 6(a), Guard' Tour.

SPRINKLER SYSTEM

- (a) _____ Coded valve supervisory signaling attachments
Valve supervisory switches, activating _____ transmitters
(b) _____ Building temperature points
(c) _____ Site water temperature points
(d) _____ Site water supply level points

Electric Fire Pump:

- (e) _____ Fire pump power
(f) _____ Fire pump running
(g) _____ Phase reversal

Engine-driven fire pump:

- (h) _____ Selector in auto position
(i) _____ Engine or control panel trouble
(j) _____ Fire pump running

Engine-driven generator:

- (k) _____ Selector in auto position
(l) _____ Control panel trouble
(m) _____ Transfer switches
(n) _____ Engine running

Other supervisory function(s) (specify): _____

6. Alarm Notification Appliances and Circuits

NFPA 72, Chapter 6 _____ Emergency Voice/Alarm Service

Quantity of voice/alarm channels: _____ Single: _____ Multiple: _____

Quantity of speakers installed: _____ Quantity of speaker zones: _____

Quantity of telephones or telephone jacks included in system: _____

Quantity and class (see NFPA 72, Table 6.7) of notification appliance circuits connected to the system:

Quantity: 2 Style: Y Class: B

- (a) 1 Bells _____ Inch _____ With Visible _____
(b) 1 Speakers _____ With Visible _____
(c) 9 Horns _____ With Visible ✓
(d) _____ Chimes _____ With Visible _____
(e) _____ Other: _____ With Visible _____
(f) 5 Visual signals _____ Type: _____ with audible _____ w/o audible ✓
(g) Annunciator(s) Number: _____ Type: _____ Location: _____

7. Signaling Line Circuits

Quantity and class (see NFPA 72, table 6.6.1) of signaling line circuits connected to system:

Quantity Style Class

8. System Power Supplies

(a) Fire Alarm Control Panel:

Nominal voltage: 120 Current rating: BAK 20

Over current protection:

Type: BAK Current rating: 20

Location: O/S FAR LEFT PANEL

(b) Secondary (stand by):

2 storage battery : 2 Amp-hour rating:
Calculated capacity to drive system, in hours: 24 ☒ 60

Engine-driven generator dedicated to fire alarm system:

Location of fuel storage:

Emergency or standby system used as a backup to primary supply, instead of using a secondary power supply:

Emergency system described in NFPA 70, Article 7000

Legally required standby system described in NFPA 70, Article 701

Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

9. System Software

(a) Operating system software revision level(s):

(b) Application software revision level(s):

Revision completed by: Name Firm

10. Comments:

(signed) for central station or alarm service company or installation contractor/supplier (title) (date)

Frequency of routine tests and inspections, if any other than in accordance with the referenced NFPA standard(s):

System deviations from the referenced NFPA standard(s) are:

(signed) for central station or alarm service company or installation contractor/supplier (title) (date)

Upon completion of the system(s) satisfactory test(s) witnessed (if required by the Authority Having Jurisdiction):

(signed) representative of the Authority Having Jurisdiction (title) (date)