NOTICE OF COMMENCEMENT

County Clerk's Office Stamp or Seal

Tax Parcel Identification Number **00-00-00-11056-000 (39445)**

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this **NOTICE OF COMMENCEMENT.**

1. Description of property *(legal description):* NE DIV: 511 FT OFF W END OF BLOCK 59. 387-231, 1488-1747

a) Street *(job)* Address: 255 NE COACH ANDERS LN, LAKE CITY, FL 32055

2. General description of improvements: RICHARDSON COMMUNITY CENTER PLAYGROUND RESTROOM

3. Owner Information
   a) Name and address: COLUMBIA COUNTY FL, PO BOX 1529, LAKE CITY FL 32056
   b) Name and address of fee simple titleholder (if other than owner) N/A
   c) Interest in property owner
4. Contractor Information
   a) Name and address: O'Neal Contracting Inc, PO Box 3505, Lake City FL 32056
   b) Telephone No.: 386-752-7578 Fax No. (Opt.) 386-755-0240
5. Surety Information
   a) Name and address: N/A
   b) Amount of Bond:
   c) Telephone No.: Fax No. (Opt.)
6. Lender
   a) Name and address: N/A
   b) Phone No.
7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served:
   a) Name and address: N/A
   b) Telephone No.: Fax No. (Opt.)

8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(l)(b), Florida Statutes:
   a) Name and address: N/A
   b) Telephone No.: Fax No. (Opt.)

9. Expiration date of Notice of Commencement **(the expiration date is one year from the date of recording unless a different date is specified):**
N/A

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 YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

STATE OF FLORIDA
COUNTY OF COLUMBIA

10. _____
Signature of Owner or Owner's Authorized Office/Director/Partner/Manager

Print Name Ronald Handy

The foregoing instrument was acknowledged before me , a Florida Notary, this 18 day of March, 20 24, by:
Asst. Co. Manager as Government Agency (County) (type of authority, e.g. officer, trustee, attorney fact) for Columbia Co. Board of Co. Comm (name of party on behalf of whom instrument was executed).

Personally Known ✓ OR Produced Identification ____ Type _____

Notary Signature _____ Notary Stamp or Seal:

L'LANA C. BRADLEY
Notary Public
State of Florida
Comm# HH489386
Expires 3/3/2028

---AND---

11. 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.

_____
Signature of Natural Person Signing (in line #10 above.)

KEVIN KENDY — 03-18-24

Print Name

PROPERTY OWNER or OWNER AGENT (if different): ***Date***

Signature of Property Owner or Owner Agent
(if different from Applicant) **Date**

STATE OF FLORIDA
COUNTY OF COLUMBIA

I hereby certify that on this day, _____ personally appeared before me, by means of ☐ physical presence or ☐ online notarization, who is personally known to me or who has produced _____ as identification, who is the person described in and who executed the foregoing instrument and who acknowledged before me that they executed the same for the uses and purposes therein expressed.

Witnessed by my hand and official seal, this _____ day of _____, 20

_____
Signature of Notary

_____
Printed Name of Notary

(NOTARY SEAL or STAMP)

Personally Known ☐ OR Produced Identification ☐
Type of Identification Produced

OFFICIAL CITY OF LAKE CITY USE ONLY	
ZONING: _____	**PLANS APPROVED:** _____
FLOOD ZONE: _____	**GROWTH MAMAGEMENT:** _____
DOT CONNECTION _____	**FIRE CHIEF:** _____
PERMIT: CITY STREET _____	**UTILITIE: Water:** ☐ **Sewer:** ☐ **Gas:** ☐
ACCESS: SRWMD _____	**PUBLIC WORKS:** _____
PERMIT:	**P & Z ADMINISTRATOR:** _____
PERMITS ISSUED: _____	
BUILDING OFFICIAL: _____ **David Young, CBO BU645**	

- **Applications for building wall and freestanding signs also require a separate zoning review application – sign plans may be letter, legal or 11" x17" sized.**
- **Additional criteria may apply – always initiate contact first with the Growth Management for more zoning and land use information, plan review checklist and plan review requirements.**

The Department and Applicant agree that this Document may be electronically signed. The parties agree that electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.