

DATE 04/16/2010

Columbia County Building Permit

PERMIT

This Permit Must Be Prominently Posted on Premises During Construction

000028493

APPLICANT DARRELL TURNER PHONE 755-0086
ADDRESS P.O. BOX 3307 LAKE CITY FL 32056
OWNER RONALD MIRACLE PHONE 965-4961
ADDRESS 116 NW HARRIS LAKE DR. LAKE CITY FL 32055
CONTRACTOR DARRELL TURNER PHONE 755-0086
LOCATION OF PROPERTY 90W, TR ON COMMERCE, TR ON EGRET, TR ON HARRIS LAKE,
8TH HOUSE ON RIGHT
TYPE DEVELOPMENT RE-ROOF ON SFD ESTIMATED COST OF CONSTRUCTION 9870.00
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. FLOOD ZONE N/A DEVELOPMENT PERMIT NO.

PARCEL ID 35-3S-16-02309-048 SUBDIVISION FAIRWAY
LOT 48 BLOCK PHASE UNIT TOTAL ACRES

CCC1328465

Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING X10-101 BK HD N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: NOC ON FILECheck # or Cash 7336

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 Insulation
date/app. by date/app. by
Rough-in plumbing above slab and below wood floor Electrical rough-in
date/app. by date/app. by
Heat & Air Duct Peri. beam (Lintel) Pool
date/app. by date/app. by date/app. by
Permanent power C.O. Final Culvert
date/app. by date/app. by date/app. by
Pump pole Utility Pole M/H tie downs, blocking, electricity and plumbing
date/app. by date/app. by date/app. by
Reconnection RV Re-roof
date/app. by date/app. by date/app. by

BUILDING PERMIT FEE \$ 50.00 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 50.00
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."

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 NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

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

Columbia County Building Permit Application

| | | | | | |
|---|-----------------|------------------------------|------------------------------|----------------------|-----------------------|
| For Office Use Only | | Application # <u>1004-25</u> | Date Received <u>4/16/10</u> | By <u>G</u> | Permit # <u>28493</u> |
| Zoning Official _____ | Date _____ | Flood Zone _____ | Land Use _____ | Zoning _____ | |
| FEMA Map # _____ | Elevation _____ | MFE _____ | River _____ | Plans Examiner _____ | Date _____ |
| Comments _____ | | | | | |
| <input type="checkbox"/> NOC <input type="checkbox"/> EH <input type="checkbox"/> Deed or PA <input type="checkbox"/> Site Plan <input type="checkbox"/> State Road Info <input type="checkbox"/> Parent Parcel # _____ | | | | | |
| <input type="checkbox"/> Dev Permit # _____ <input type="checkbox"/> In Floodway <input type="checkbox"/> Letter of Auth. from Contractor <input type="checkbox"/> F W Comp. letter | | | | | |
| IMPACT FEES: EMS _____ | | Fire _____ | Corr _____ | Road/Code _____ | |
| School _____ | | = TOTAL _____ | | | |

Septic Permit No. _____ Fax 755-8660

Name Authorized Person Signing Permit Danell Turner Phone 755-0088

Address P.O. Box 3307 Lake City FL 32056

Owners Name Ronald & Janelle Miral Phone 965-4961

911 Address 116 NW Harris Lake Dr Lake City FL 32055

Contractors Name Danell Turner Phone 755-0088

Address P.O. Box 3307 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 35-35-16-02309-048 Estimated Cost of Construction \$8870

Subdivision Name Fairway S/D Lot 48 Block _____ Unit _____ Phase _____

Driving Directions 90E to Bascom Blvd (go right on Egret) (go right Harris Lake Dr) 8th house on right.

Number of Existing Dwellings on Property _____

Construction of Re-roof Shingle - Brick House 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 2 Heated Floor Area _____ Total Floor Area _____ Roof Pitch 3 1/2/12

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.

Columbia County Building Permit Application

TIME LIMITATIONS OF APPLICATION : An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued; except that the building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extension shall be requested in writing and justifiable cause demonstrated.

TIME LIMITATIONS OF PERMITS: 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 work is commenced. A valid permit receives an approved inspection every 180 days. Work shall be considered not suspended, abandoned or invalid when the permit has received an approved inspection within 180 days of the previous approved inspection.

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.

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.

OWNERS CERTIFICATION: I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

NOTICE TO OWNER: There are some properties that may have deed restrictions recorded upon them. These restrictions may limit or prohibit the work applied for in your building permit. It may be to your advantage to check and see if your property is encumbered by any restrictions.

(Owners Must Sign All Applications Before Permit Issuance.)

Owners Signature

****OWNER BUILDERS MUST PERSONALLY APPEAR AND SIGN THE 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 including all application and permit time limitations.

Contractor's Signature (Permitee)

Contractor's License Number
Columbia County
Competency Card Number

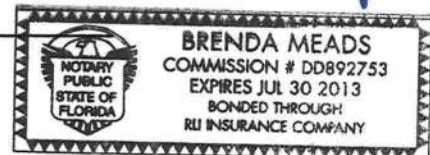
CCC/328465

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 15 day of April 2018

Personally known ☒ or Produced Identification

State of Florida Notary Signature (For the Contractor)

SEAL:



@ CAM110M01 S CamaUSA Appraisal System
4/15/2010 17:02 Property Maintenance
Year T Property Sel
2010 R 35-3S-16-02309-048 ... - *
Owner MIRACLE RONALD S & JANELL B + Conf
Addr 116 NW HARRIS LAKE DR HX

Columbia County
34300 Land 001 *
AG 000
129821 Bldg 001
8288 Xfea 004
172409 TOTAL B*
Total Acres

City, St LAKE CITY FL Zip 32055 -Cap?-
Country (PUD1) SOH 10% ApYr ERnwl ARnwl Notc
SplT/Co JVChgCd pud4 pud5 pud6
Appr By DF Date 8/03/2009 AppCode UseCd 000100 SINGLE FAMILY
TxDist Nbhd MktA ExCode Exemption/% TxCode Units Tp
002 26316.03 06 HX 25000

FRWAY VIEW
House# 116 Street HARRIS LAKE MD DR Dir NW #
City LAKE CITY Zip
Subd N/A Condo .00 N/A
Sect 35 TwN 3S Rnge 16 Subd Blk Lot
Legals LOT 48 FAIRWAY VIEW S/D UNIT I ORB 301-287, 809-107, 825-1144
989-673.

Map# 69C Mnt 8/24/2009 PINKY
F1=Task F2=ExTx F3=Exit F4=Prompt F11=Docs F10=GoTo PgUp/PgDn F24=More

Permit # _____

Tax Folio # 35-35-16-02308-048

NOTICE OF COMMENCEMENT

State of FLORIDA
County of Columbia

Inst. 201012005945 Date: 4/16/2010 Time: 9:01 AM
DC, P. DeWitt Cason, Columbia County Page 1 of 1 B: 1192 P: 1924

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.

1. Description of property: lot 48 Fairway View S/D
2. General description of improvement: Re-Road Shingle 30yr
3. Owner information:
 - a. Name & Address: Ronald & Janell Miracle 116 NW Harris Lake Dr
 - b. Interest In Property: _____
 - c. Name & Address of fee simple titleholder (other than owner): _____
4. Contractor's Name & Address: Donnell Turner 1701 Bca 3507 Lake City FL 32805
 - a. Phone number: 386 255-0062
 - b. Fax number: 386 255-4666
5. Surety Information:
 - a. Name & Address: _____
 - b. Phone number: _____
 - c. Fax number: _____
 - d. Amount of Bond: \$ _____
6. Lender's Name & Address: _____
 - a. Phone number: _____
 - b. Fax number: _____
7. Person within the State of Florida designated by owner upon whom notices or other documents may be served as provided by 713.13 (1) (a), 7 Florida Statutes:
 - Name & Address: _____
 - a. Phone number: _____
 - b. Fax number: _____
8. In addition to himself, owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.
9. Expiration date of Notice of Commencement (the expiration date is one (1) year from the date of recording unless a different date is specified): _____

(signature of owner) [Signature]

Sworn to and subscribed before me this 15 day of April, 2010

Notary [Signature]

Known Personally, I.D. Shown FIDI

My commission expires: _____



D.W. Turner Roofing Inc.
Proudly Serving Lake City FL,
& Surrounding Counties
LIC# CCC1328465

| Date | Estimate # |
|----------|------------|
| 4/3/2010 | 1403 |

| Name / Address |
|---|
| Ron Miracle 116 NW Harris Lake Dr Lake City FL, 965-4961 758-3081 |

| | | | Project |
|---|-----|--------------|-------------------|
| Description | Qty | Cost | Total |
| Reroof for: PRICE INCLUDES: 30yr Architectual Shingle 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 ridge cap installed coil nails, and tar includes rot repair-up to 3 sheets plywood Warranty on Workmanship 5yrs | | 9,270.00 | 9,270.00 |
| | | Total | \$9,270.00 |

| Phone # | Fax # | E-mail | Web Site |
|--------------|--------------|----------------------------|-----------------------------|
| 386-755-0086 | 386-755-4660 | dwtturnerroofing@gmail.com | www.dwtturnerroofinginc.com |



Columbia County

BUILDING DEPARTMENT

Re Roof of a Single Family Dwelling

Inspection Affidavit

RE: Permit # 000028493

I Paul Lee, licensed as a(n) Contractor* /Engineer/Architect,
(please print name and circle Lic. Type) FS 468 Building Inspector*

License #: CCC 1328465

On or about April 21st 2010 10:30 AM, I did personally inspect the roof
(Date & time)

deck nailing and/or secondary water barrier work at 116 NW Harris Lake Dr
(circle one) (Job Site Address)
Lake City FL (Don Miracle)

Based upon that examination I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S.)

Paul Lee
Signature

STATE OF FLORIDA
COUNTY OF

Sworn to and subscribed before me this 17 day of June, 2010

By Brenda Meads

Notary Public, State of Florida



(Print, type or stamp name)

Commission No.: _____

Personally known ☒ or
Produced Identification _____

Type of identification produced. _____

* General, Building, Residential, or Roofing Contractor or any individual certified under 468 F.S. to make such an inspection.

* Include photographs of each plane of the roof with the permit # or address # clearly shown marked on the deck for each inspection.