



# COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave., Suite B-21, Lake City, FL 32055

Office: 386-758-1008 Fax: 386-758-2160

[www.columbiacountyfla.com/BuildingandZoning.asp](http://www.columbiacountyfla.com/BuildingandZoning.asp)

## REPLACING CELLULAR TOWER ANTENNAS CO-LOCATIONS ON EXISTING CELLULAR TOWERS

\_\_\_\_ 2<sup>nd</sup> pg Permit Application with *Owner or Agents Signature & Notarized Contractor Signature + \$15.00 Th*  
*If the customer has a **notarized Power of Attorney or Authorization Letter** from the Tower Lessor, then that*  
*named person can sign for the owner.*

1 -Notes:

Subcontractors Verification Form, **signed** by the license holder/contractor that is subcontracted the job.

2 -Notes:

License Holders (Contractors) must complete a "Letter of Authorization" for who signs the permit.

3 -Notes:

\_ **NA** If an Owner Builder, Notarized Disclosure Statement (Owner Builders must sign for the Permit)

4 -Notes:

Recorded deed or Property Appraiser's parcel details printout; **and if**

5 -Notes:

Owner is Corporation or Trust, **provide** corporate articles listing the signor, trust executor or POA forms.

6 -Notes:

Site plan with actual distances of the structure to each property line

8 -Notes:

\_ **NA** 911 Address form, Phone 386-758-1125 #1 ALL CONSTRUCTION REQUIRES VERIFICATION

9 -Notes:

\_ **NA** Residential or Commercial Checklist completed including Product Approval Code Spec sheet.

10 -Notes:

Recorded Notice of Commencement; before the 1<sup>st</sup> inspection.

11 -Notes:

2 sets of plans (blueprints) folded to 9 x 12 size with Signed & Sealed Engineering

13 -Notes:

\_ **NA** 2 sets of Signed & Sealed truss engineering, if not included within the building blueprints

45 -Notes:

\_ **NA** 2 sets of energy code & Manual J forms, if required.

15 -Notes:

Provide information on Development Permits/Zoning Applications applied for, if applicable.

16 -Notes:

**Needed AFTER Zoning Review and Approval has been allowed for this project.**

\_ **NA** Approved and Signed Site Plan from Environmental Health on the septic 386-758-1058

Notes:

\_ **NA** New Wells need a letter from the well driller (Well Letter); **or** if on City Water provide City Water Letter;

\_ **NA** **or** if the property is in the Ellisville Water System area contact 386-719-7565 for review.

Notes:

**Applications can be mailed, include the \$15.00 fee, checks to BCC or Board of County Commissioners.**

## Columbia County Cellular Tower Antenna Application

**For Office Use Only** Application # \_\_\_\_\_ Date Received \_\_\_\_\_ By \_\_\_\_\_ Permit # \_\_\_\_\_

Zoning Official \_\_\_\_\_ Date \_\_\_\_\_ Flood Zone \_\_\_\_\_ Land Use \_\_\_\_\_ Zoning \_\_\_\_\_

FEMA Map # \_\_\_\_\_ Elevation \_\_\_\_\_ MFE \_\_\_\_\_ River \_\_\_\_\_ Plans Examiner \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

☐ NOC ☐ EH ☐ Deed or PA ☐ Site Plan ☐ State Road Info ☐ Well letter ☐ 911 Sheet ☐ Parent Parcel # \_\_\_\_\_

☐ Dev Permit # \_\_\_\_\_ ☐ In Floodway ☐ Letter of Auth. from Contractor ☐ F W Comp. letter

☐ Owner Builder Disclosure Statement ☐ Land Owner Affidavit ☐ Ellisville Water ☐ App Fee Paid ☐ Sub VF Form

Septic Permit No. NA OR City Water ☐ Fax \_\_\_\_\_

Applicant (Who will sign/pickup the permit) Mastec Network Solutions, LLC Phone 561-962-9835

Address 1975 Joe B. Jackson Parkway, Murfreesboro, TN 37127

Leasee Name New Cingular Wireless PCS, LLC Phone \_\_\_\_\_

911 Address 3050 SE County Rd 18, Lake City FL 32025

Contractors Name Mastec Network Solutions, LLC / Stanley Maclin Phone 561-962-9835

Address 1975 Joe B. Jackson Pkwy, Murfreesboro TN 37127

Contractor Email lakemarypermitting@mastec.com \*\*\*Include to get updates on this job.

Fee Simple Owner Name & Address AMERICAN TELEPHONE & TELEGRAPH 1010 PINE, 9 E-L-01 ST LOUIS, MO 63101

Bonding Co. Name & Address n/a

Architect/Engineer Name & Address B+T Group 1717 S Boulder, Ste 300 Tulsa, OK 74119

Mortgage Lenders Name & Address n/a

Circle the correct power company ☐ FL Power & Light ☐ Clay Elec. ☐ Suwannee Valley Elec. ☐ Duke Energy

Property ID Number 19-6S-18-10631-000 Estimated Construction Cost \$30,000.00

Subdivision Name \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Unit \_\_\_\_\_ Phase \_\_\_\_\_

Driving Directions from a Major Road From Columbia County Building Dept, head N on NE Hernando Ave to left on NE Madison St, to left on US-441. Turn right on W Duval St, to left on US Highway 41. Keep right to FL-47 S. Take I-75 South to Exit 414. Turn right on US-41 to left on SE Sebring Rd / County Road 18. Tower will be on the right, not far after passing over I-75.

Construction of AT&T to upgrade cellular equipment on existing tower ☒ Commercial OR ☐ Residential

Proposed Use/Occupancy Existing Communications Tower Number of Existing Dwellings on Property NA

Is the Building Fire Sprinkled? NA If Yes, blueprints included NA Or Explain NA

Circle Proposed ☐ Culvert Permit or ☐ Culvert Waiver or ☐ D.O.T. Permit or ☒ Have an Existing Drive

Actual Distance of Structure from Property Lines - Front NA Side NA Side NA Rear NA

Number of Stories NA Heated Floor Area NA Total Floor Area NA Acreage \_\_\_\_\_

Zoning Applications applied for (Site & Development Plan, Special Exception, etc.) \_\_\_\_\_



## Columbia County Building Permit Application

**CODE: Florida Building Code 2017 and the 2014 National Electrical Code.**

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.

**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 pursued in good faith or a permit has been issued.

**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 CONTRACTOR AND AGENT:** 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. You must verify if your property is encumbered by any restrictions or face possible litigation and or fines.

Sheryl Denan  
Print Owners or Authorized Agents Name

Sheryl Denan  
Owners or Agents Signature

**\*\*Property owners must sign here before any permit will be issued.**

**\*\*If this is an Owner Builder Permit Application then, ONLY the owner can sign the building permit when it is issued.**

**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.

Stacy MacL  
Contractor's Signature

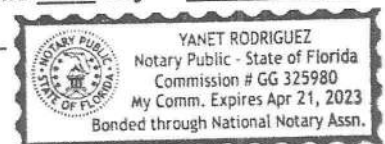
Contractor's License Number CGC1515769  
Columbia County  
Competency Card Number \_\_\_\_\_

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 28 day of July 20 22.

Personally known x or Produced Identification \_\_\_\_\_

SEAL:

State of Florida Notary Signature (For the Contractor)





## SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # \_\_\_\_\_ JOB NAME \_\_\_\_\_

**THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED**


Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

**NOTE:** It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

**Use website to confirm licenses:** <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

**NOTE:** If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

<b>ELECTRICAL</b> <input type="checkbox"/>	Print Name <u>Bradley Conn</u> Signature <u></u> Company Name: <u>Mastec Network Solutions LLC</u> License #: <u>EC13006418</u> Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>MECHANICAL/A/C</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PLUMBING/GAS</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>ROOFING</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SOLAR</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE



COLUMBIA COUNTY BUILDING DEPARTMENT  
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055  
Phone: 386-758-1008 Fax: 386-758-2160

LETTER OF AUTHORIZATION TO SIGN FOR PERMITS

I, \_\_\_\_\_ (license holder name), licensed qualifier  
for \_\_\_\_\_ (company name), do certify that  
the below referenced person(s) listed on this form is/are contracted/hired by me, the license  
holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an  
officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said  
person(s) is/are under my direct supervision and control and is/are authorized to purchase  
permits, call for inspections and sign on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done  
under my license and fully responsible for compliance with all Florida Statutes, Codes, and  
Local Ordinances. I understand that the State and County Licensing Boards have the power and  
authority to discipline a license holder for violations committed by him/her, his/her agents,  
officers, or employees and that I have full responsibility for compliance with all statutes, codes  
and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or  
officer(s), you must notify this department in writing of the changes and submit a new letter of  
authorization form, which will supersede all previous lists. Failure to do so may allow  
unauthorized persons to use your name and/or license number to obtain permits.

\_\_\_\_\_  
License Holders Signature (Notarized)      License Number      Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: \_\_\_\_\_

The above license holder, whose name is \_\_\_\_\_,  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY'S SIGNATURE

(Seal/Stamp)