

Lot #3A

7018

Columbia County New Building Permit Application

☒ Inc. document

For Office Use Only Application # 1708-102 Date Received 8/29 By JS Permit # 35914/2497
 Zoning Official [Signature] Date 10-9-17 Flood Zone X Land Use RLD Zoning BF-2
 FEMA Map # _____ Elevation _____ MFE 1' above River _____ Plans Examiner J.C. Date 10-9-17
 Comments _____
☒ NOC ☒ DEH ☒ 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. 17-0656 OR City Water ☐ Fax _____

Applicant (Who will sign/pickup the permit) James m. Lipscomb Phone 386-623-9141

Address 331 S.E. Woods ter. Lake city, Fl. 32025

Owners Name James Rhett Smithley Bea Omes Proprietor, Inc. Phone 386.397.5288

911 Address 3454 S.W. C.R. 242 Lake city, Fl. 32024

Contractors Name Lipscomb, James m. Phone 386-623-9141

Address 184 S.W. Dominoes way Suite 104 32025

Contractor Email JmLHBA@gmail.com ***Include to get updates on this job.

Fee Simple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address Wm. Design & Associates Inc. 426 S.W. Commerce DR, STE 130

Mortgage Lenders Name & Address N.A. NIEL GEISKA, AR 1755 NW SNOW RD LAKE CITY, FL 3205

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

Property ID Number 24-48-16-03117-134 Estimated Construction Cost 100,000.00

Subdivision Name CROSSWINDS Lot 34 Block _____ Unit _____ Phase 1

Driving Directions from a Major Road 47 south to C.R. 242, turn Right to S.W.

Cannon Creek drive, Right to S.W. chesterfield circle, Left to

Lot 34 8'12

Construction of Single family Residence Commercial OR ☒ Residential

Proposed Use/Occupancy Single Family Number of Existing Dwellings on Property _____

Is the Building Fire Sprinkled? NO If Yes, blueprints included _____ Or Explain _____

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 50' Side 25'1" Side 25'1" Rear 108'4"

Number of Stories 1 Heated Floor Area 1523 Total Floor Area 2160 Acreage _____

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

JS sent EM: 1 8-30-17 JS spoke w/ mac 10-25-17

Spoke to Mac 10-19-17 Page 1 of 2 (Both Pages must be submitted together.) Revised 7-1-15

Columbia County Building Permit Application

CODE: Florida Building Code 2014 and the 2011 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.

DELTA OMEGA PROPERTIES

Robert Smith

Print Owners Name

Robert Smith

Owners 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.

James M. Liascomb

Contractor's Signature

Contractor's License Number CBC1253543

Columbia County

Competency Card Number 496

Affirmed under penalty of perjury to by the Contractor and subscribed before me this 29 day of AUGUST 2017.

Personally known ☒ or Produced Identification ☐

[Signature]

State of Florida Notary Signature (For the Contractor)

SEAL:



MICHELLE L. LASHLEY
MY COMMISSION # GG 016830
EXPIRES: July 31, 2020
Bonded Thru Budget Notary Services

Halls A/C

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 1708-102 JOB NAME Lot 34 Crosswinds

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 contractor's 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.

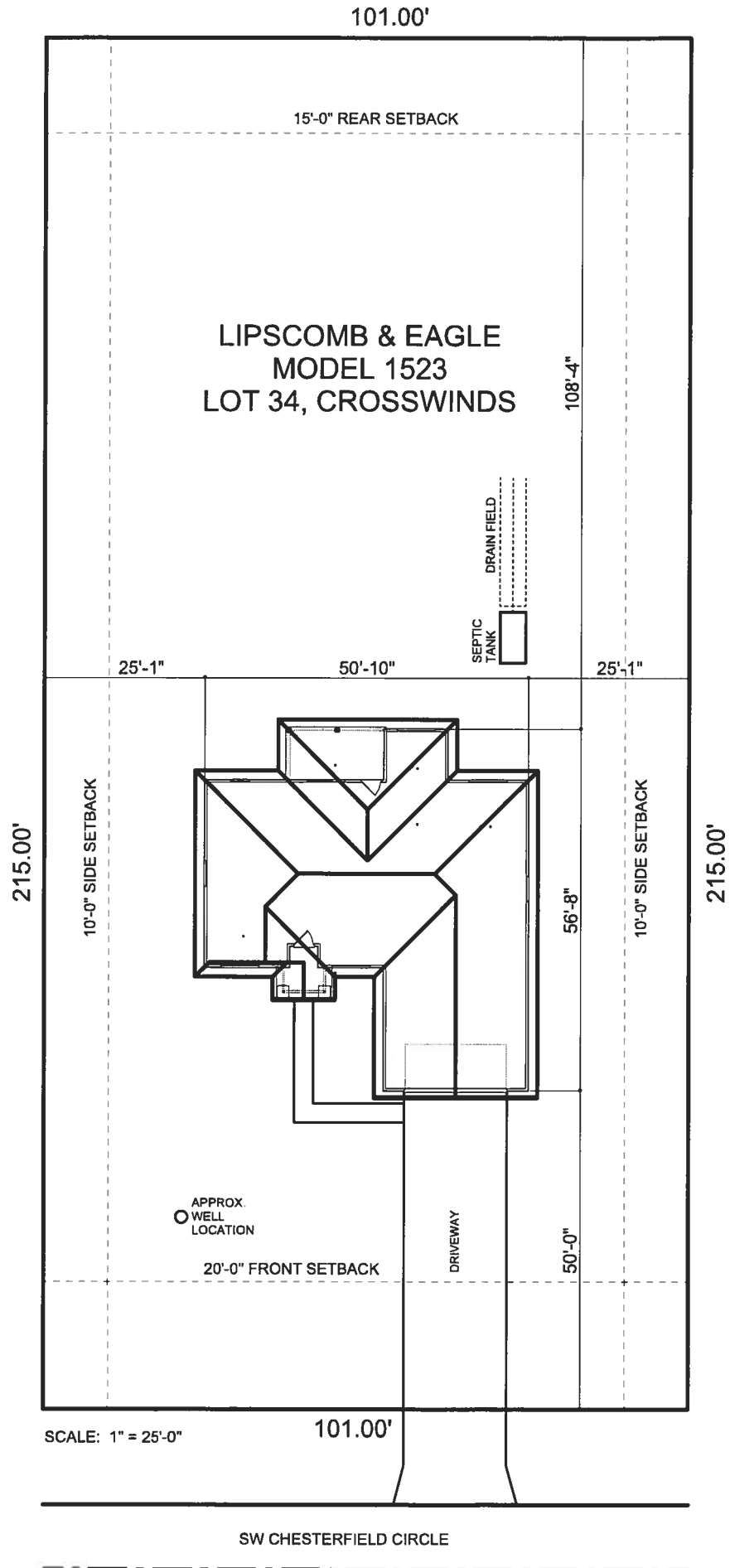
Use website to confirm licenses: <http://www.columbiacountyil.com/PermitSearch/ContractorSearch.asp>

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.

ELECTRICAL	<input checked="" type="checkbox"/>	Print Name: <u>Miguel Flores</u>	Signature: <u>[Signature]</u>	Need:
		Company Name: <u>Flores Electrical LLC</u>		Li
CC# <u>1097</u>		License #: <u>EC13003093</u>	Phone #: <u>352-472-4207</u>	Liab
				W/C
				Ex
				DE
MECHANICAL/A/C	<input checked="" type="checkbox"/>	Print Name: <u>DAVID HALL</u>	Signature: <u>[Signature]</u>	Need
		Company Name: <u>David Hall's, Inc.</u>		Li
CC# <u>560</u>		License #: <u>CAC057424</u>	Phone #: <u>1380755-9792</u>	Liab
				W/C
				Ex
				DE
PLUMBING/GAS	<input checked="" type="checkbox"/>	Print Name: <u>Paul Kevin Coleman</u>	Signature: <u>[Signature]</u>	Need
		Company Name: <u>Coleman's Plumbing Inc</u>		Li
CC# <u>767</u>		License #: <u>CFC1425624</u>	Phone #: <u>352-472-4114</u>	Liab
				W/C
				Ex
				DE
ROOFING	<input checked="" type="checkbox"/>	Print Name: <u>Ricky T's Roofing LLC</u>	Signature: <u>[Signature]</u>	Need
		Company Name: <u>Ricky T's Roofing LLC</u>		Li
CC# <u>1437</u>		License #: <u>RE#29027527</u>	Phone #: <u>386-867-0221</u>	Liab
				W/C
				Ex
				DE
SHEET METAL	<input type="checkbox"/>	Print Name: _____	Signature: _____	Need
		Company Name: _____		Li
CC# _____		License #: _____	Phone #: _____	Liab
				W/C
				Ex
				DE
FIRE SYSTEM/SPRINKLER	<input type="checkbox"/>	Print Name: _____	Signature: _____	Need
		Company Name: _____		Li
CC# _____		License #: _____	Phone #: _____	Liab
				W/C
				Ex
				DE
SOLAR	<input type="checkbox"/>	Print Name: _____	Signature: _____	Need
		Company Name: _____		Li
CC# _____		License #: _____	Phone #: _____	Liab
				W/C
				Ex
				DE
STATE SPECIALTY	<input type="checkbox"/>	Print Name: _____	Signature: _____	Need
		Company Name: _____		Li
CC# _____		License #: _____	Phone #: _____	Liab
				W/C
				Ex
				DE

Ref: F.S. 440.103; ORD. 2016-30





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, James m. Lipscomb (license holder name), licensed qualifier
for LIPSCOMB & Eagle Development Inc. (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. <u>MICHELLE LASHLEY</u>	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.

James m. Lipscomb
License Holders Signature (Notarized)

CBC1253543
License Number

8-28-2017
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: COLUMBIA

The above license holder, whose name is JAMES M. LIPSCOMB,
personally appeared before me and is known by me or has produced identification
(type of I.D.) _____ on this 28 day of AUGUST, 20 17.

NOTARY'S SIGNATURE

(Seal/Stamp)



MICHELLE L. LASHLEY
MY COMMISSION # GG 016830
EXPIRES: July 31, 2020
Bonded Thru Budget Notary Services

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Map#                               Mnt 5/30/2012 LARRY
F1=Task  F2=ExTx  F3=Exit  F4=Prompt  F11=Docs  F10=GoTo  PgUp/PgDn  F24=More

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Columbia County 9-1-1 Addressing / GIS Department
Address Assignment Data
Crosswinds, Phase 1 and 2, Subdivisions, Section 24, Township 4 South, Range 16
East, Columbia County, Florida

LOT#: ADDRESS ASSIGNED

1 701 SW CHESTERFIELD CIR
2 711 SW CHESTERFIELD CIR
3 735 SW CHESTERFIELD CIR
4 765 SW CHESTERFIELD CIR
5 118 SW ERSKINE CT
6 140 SW ERSKINE CT
7 156 SW ERSKINE CT
8 157 SW ERSKINE CT
9 141 SW ERSKINE CT
10* 119 SW ERSKINE CT
10* 795 SW CHESTERFIELD CIR
11 811 SW CHESTERFIELD CIR
12 833 SW CHESTERFIELD CIR
13 853 SW CHESTERFIELD CIR
14* 875 SW CHESTERFIELD CIR
14* 194 SW CHESTERFIELD CIR
15* 201 SW CHESTERFIELD CIR
15* 243 SW CHESTERFIELD CIR
16 269 SW CHESTERFIELD CIR
17 289 SW CHESTERFIELD CIR
18 309 SW CHESTERFIELD CIR
19 329 SW CHESTERFIELD CIR
20 347 SW CHESTERFIELD CIR
21 357 SW CHESTERFIELD CIR
22 369 SW CHESTERFIELD CIR
23 397 SW CHESTERFIELD CIR
24 431 SW CHESTERFIELD CIR
25 474 SW CHESTERFIELD CIR
26* 454 SW CHESTERFIELD CIR
26* 418 SW CHESTERFIELD CIR
27* 382 SW CHESTERFIELD CIR
27* 348 SW CHESTERFIELD CIR
28 326 SW CHESTERFIELD CIR
29 302 SW CHESTERFIELD CIR
30 276 SW CHESTERFIELD CIR

LOT#: ADDRESS ASSIGNED

31 256 SW CHESTERFIELD CIR
32 236 SW CHESTERFIELD CIR
33 886 SW CHESTERFIELD CIR
✓ 34 868 SW CHESTERFIELD CIR
35 850 SW CHESTERFIELD CIR
36 830 SW CHESTERFIELD CIR
37 810 SW CHESTERFIELD CIR
38 768 SW CHESTERFIELD CIR
39* 720 SW CHESTERFIELD CIR
39* 686 SW CHESTERFIELD CIR
40 668 SW CHESTERFIELD CIR
41 648 SW CHESTERFIELD CIR
42 630 SW CHESTERFIELD CIR
43 610 SW CHESTERFIELD CIR
44 590 SW CHESTERFIELD CIR
45 572 SW CHESTERFIELD CIR
46 552 SW CHESTERFIELD CIR
47 449 SW CHESTERFIELD CIR
48 465 SW CHESTERFIELD CIR
49 485 SW CHESTERFIELD CIR
50 505 SW CHESTERFIELD CIR
51 525 SW CHESTERFIELD CIR
52 543 SW CHESTERFIELD CIR
53 563 SW CHESTERFIELD CIR
54 583 SW CHESTERFIELD CIR
55 603 SW CHESTERFIELD CIR
56 623 SW CHESTERFIELD CIR
57 641 SW CHESTERFIELD CIR
58 661 SW CHESTERFIELD CIR
59 683 SW CHESTERFIELD CIR

**(NOTE: * IDENTIFIES CORNER LOTS.
CONTACT THE 9-1-1 ADDRESSING
DEPARTMENT FOR CORRECT
ADDRESS.)**

A&B Well Drilling, Inc.

5673 NW Lake Jeffery Road
Lake City, FL 32055
Telephone: (386) 758-3409
Cell: (386) 623-3151
Fax: (386) 758-3410
Owner: Bruce Park

September 1, 2017

To: Columbia County Building Department

Description of Well to be installed for Customer Delta omega properties

Located @ Address: Lot 34 Crosswinds 868 SW Chestnut Rd CR.

1 HP 15 GPM submersible pump, 1" drop pipe, 35 gallon captive tank, and backflow prevention. With SRWMD permit.

Bruce N. Park

Sincerely,
Bruce N. Park
President

Florida Department of State

DIVISION OF CORPORATIONS

[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /**Detail by Entity Name**

Florida Profit Corporation

DELTA OMEGA PROPERTIES, INC.

Filing Information

Document Number P04000026348
FEI/EIN Number 20-0832353
Date Filed 02/10/2004
State FL
Status ACTIVE
Last Event REINSTATEMENT
Event Date Filed 09/28/2010

Principal Address

3484 SW CR 242
LAKE CITY, FL 32024

Changed: 03/25/2013

Mailing Address

3484 SW CR 242
LAKE CITY, FL 32024

Changed: 03/25/2013

Registered Agent Name & Address

SMITHEY, JAMES R
3484 SW CR 242
LAKE CITY, FL 32024

Address Changed: 03/25/2013

Officer/Director Detail**Name & Address**

Title D

SMITHEY, JAMES R
3484 SW CR 242
LAKE CITY, FL 32024

Title D

SMITHEY, BRYAN B

1490 NW BROWN RD
LAKE CITY, FL 32055

Annual Reports

Report Year	Filed Date
2015	02/17/2015
2016	02/04/2016
2017	03/15/2017

Document Images

03/15/2017 -- ANNUAL REPORT	View image in PDF format
02/04/2016 -- ANNUAL REPORT	View image in PDF format
02/17/2015 -- ANNUAL REPORT	View image in PDF format
01/11/2014 -- ANNUAL REPORT	View image in PDF format
03/25/2013 -- ANNUAL REPORT	View image in PDF format
02/20/2012 -- ANNUAL REPORT	View image in PDF format
01/07/2011 -- ANNUAL REPORT	View image in PDF format
09/28/2010 -- REINSTATEMENT	View image in PDF format
03/26/2009 -- ANNUAL REPORT	View image in PDF format
09/23/2008 -- ANNUAL REPORT	View image in PDF format
04/23/2008 -- ANNUAL REPORT	View image in PDF format
04/13/2007 -- ANNUAL REPORT	View image in PDF format
01/03/2006 -- ANNUAL REPORT	View image in PDF format
02/14/2005 -- ANNUAL REPORT	View image in PDF format
02/10/2004 -- Domestic Profit	View image in PDF format

Florida Department of State, Division of Corporations



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 17-0656
DATE PAID: 10/13/17
FEE PAID: 318.00
RECEIPT #: 1310913

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Delta Omega Properties Inc

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 34 BLOCK: na SUB: Crosswinds S/D Phase One PLATTED: 4/20/06

PROPERTY ID #: 24-4S-16-03117-102 ZONING: PCS I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: .5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: 1 FT

PROPERTY ADDRESS: SW Chesterfield Cir, LC

DIRECTIONS TO PROPERTY: US-90 West, TL SW Sisters Welcome Rd, TL SW Kicklighter RD, TL Cannon Creek Dr, TR Chesterfeild Cir, TL at "T" first lot on right.

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
---------	-----------------------	-----------------	--------------------	--

1	SF Residential	4	1523	
2				
3				

☒ Floor/Equipment Drains ☐ Other (Specify) _____

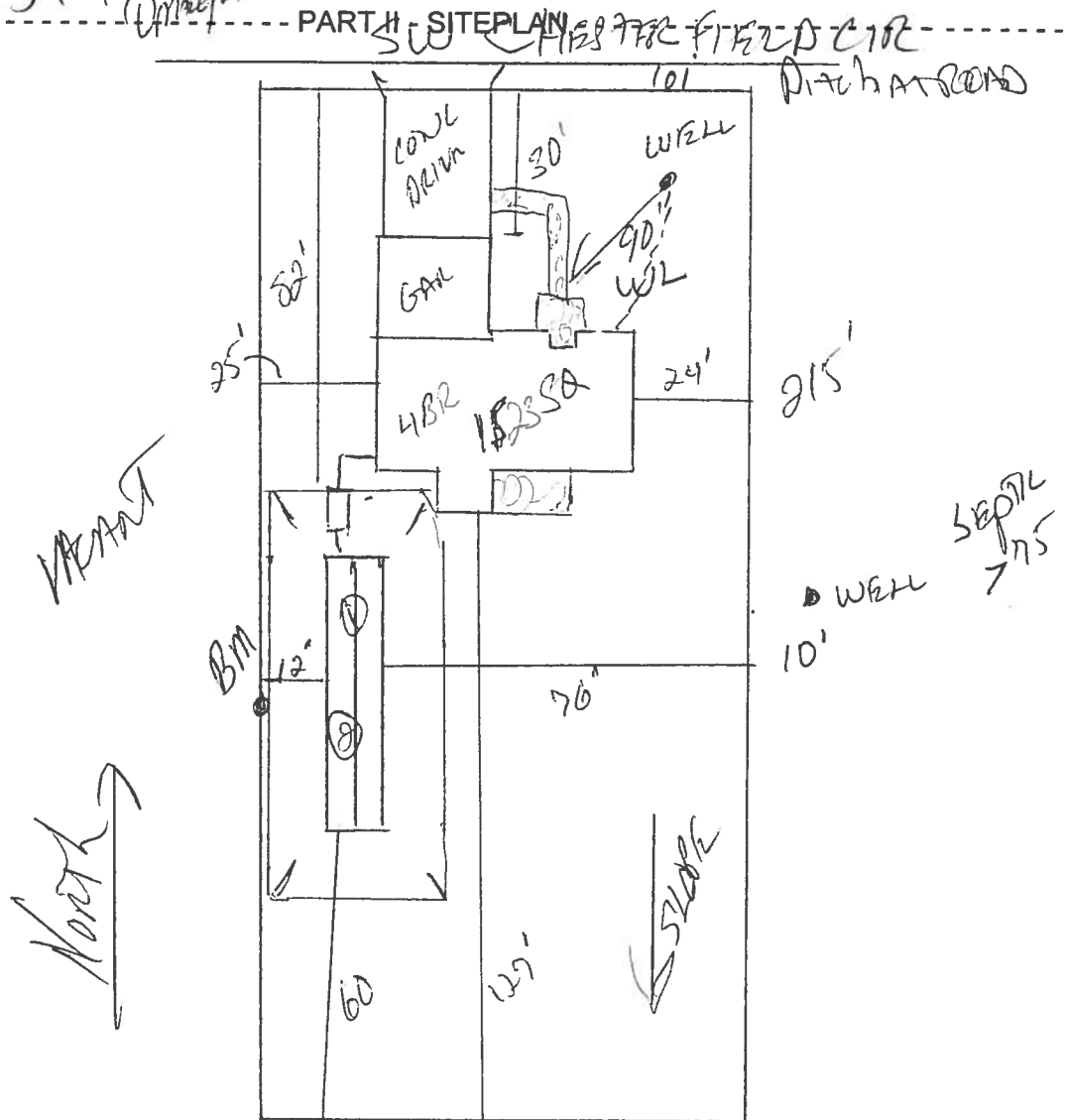
SIGNATURE: Rocky D Ford DATE: 10/12/2017

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 17-0656

Lot 34 Delta Omega

Scale: 1 inch = 40 feet.



Notes: _____

VACANT

Site Plan submitted by: *Rocky D F*

Plan Approved *[Signature]* Not Approved _____

By *[Signature]* *Celubas*

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

MASTER CONTRACTOR

Date 10/23/17

County Health Department

NOTICE OF COMMENCEMENT

35914

Tax Parcel Identification Number:

24-45-16-03117-134

Clerk's Office Stamp

Inst: 201712019604 Date: 10/26/2017 Time: 8:19AM
Page 1 of 1 B: 1346 P: 1914, P. DeWitt Cason, Clerk of Court
Columbia, County, By: BD
Deputy Clerk

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): Phases 1 Crosswinds S.D.
a) Street (job) Address: 848 S.W. Chesterfield Cir. Lot 34
2. General description of improvements: New Home
3. Owner Information or Lessee information if the Lessee contracted for the improvements:
a) Name and address: Delta Omega Properties Inc. (Rhett Smitley)
b) Name and address of fee simple titleholder (if other than owner):
c) Interest in property:
4. Contractor Information
a) Name and address: Lipscomb & Eagle Development Inc. 184 S.W. Dominick way
b) Telephone No.: 386-623-9141 STE 104
5. Surety Information (if applicable, a copy of the payment bond is attached):
a) Name and address: N/A
b) Amount of Bond:
c) Telephone No.:
6. Lender
a) Name and address: N.A.
b) Phone No.:
7. Person 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:
a) Name and address: James Lipscomb 184 S.W. Dominick way Ste 104
b) Telephone No.: 386-623-9141 32025
8. In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
a) Name: James Lipscomb OF Lipscomb & Eagle Development Inc.
b) Telephone No.: 386-623-9141
9. Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date is specified):

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. James Rhett Smitley
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
JAMES RHETT SMITLEY PRES
Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this 1 day of SEPTEMBER, 20 17, by:

JAMES RHETT SMITLEY as OWNER for DELTA OMEGA PROPERTIES, INC.
(Name of Person) (Type of Authority) (name of party on behalf of whom instrument was executed)

Personally Known ☒ OR Produced Identification ☐ Type

Notary Signature [Signature] Notary Stamp or Seal:



MICHELLE L. LASHLEY
MY COMMISSION # GG 016830
EXPIRES: July 31, 2020
Bonded Thru Budget Notary Services

New Construction Subterranean Termite Service Record

OMB Approval No. 2502-0525
(exp. 05/30/2018)

This form is completed by the licensed Pest Control Company.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Section 24 CFR 200.926d(b)(3) requires that the sites for HUD insured structures must be free of termite hazards. This information collection requires the builder to certify that an authorized Pest Control company performed all required treatment for termites, and that the builder guarantees the treated area against infestation for one year. Builders, pest control companies, mortgage lenders, homebuyers, and HUD as a record of treatment for specific homes will use the information collected. The information is not considered confidential, therefore, no assurance of confidentiality is provided.

This report is submitted for informational purposes to the builder on proposed (new) construction cases when treatment for prevention of subterranean termite infestation is specified by the builder, architect, or required by the lender, architect, FHA, or VA.

All contracts for services are between the Pest Control Company and builder, unless stated otherwise.

#35914

Section 1: General Information (Pest Control Company Information)

Company Name Aspen Pest Control, Inc.
Company Address P.O. Box 1795 City Lake City State FL Zip 32956
Company Business License No. JB182948 Company Phone No. 386-752-9011
FHA/VA Case No. (if any) _____

Section 2: Builder Information

Company Name James M. Lipscomb Phone No. 623-9141

Section 3: Property Information

Delta Omega Properties, Inc.
Location of Structure(s) Treated (Street Address or Legal Description, City, State and Zip) 868 SW Chesterfield CR
Lake City, FL 32024

Section 4: Service Information

Date(s) of Service(s) 11-16-2017
Type of Construction (More than one box may be checked) ☒ Slab ☐ Basement ☐ Crawl ☐ Other _____

Check all that apply:

- ☒ A. Soil Applied Liquid Termiticide
Brand Name of Termiticide: Companion 21 EPA Registration No. 53883-229
Approx. Dilution (%): .05 Approx. Total Gallons Mix Applied: 220 Treatment completed on exterior: ☐ Yes ☒ No
- ☐ B. Wood Applied Liquid Termiticide
Brand Name of Termiticide: _____ EPA Registration No. _____
Approx. Dilution (%): _____ Approx. Total Gallons Mix Applied: _____
- ☐ C. Bait System Installed
Name of System _____ EPA Registration No. _____ Number of Stations Installed _____
- ☐ D. Physical Barrier System Installed
Name of System _____ Attach installation information (required) _____

Service Agreement Available? ☒ Yes ☐ No

Note: Some state laws require service agreements to be issued. This form does not preempt state law.

Attachments (List) _____

Comments _____

Name of Applicator(s) C. Lacey Certification No. (if required by State law) JF104376

The applicator has used a product in accordance with the product label and state requirements. All materials and methods used comply with state and federal regulations.

Authorized Signature [Signature] Date 11-16-2017

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

form HUD-NPMA-99-B (8/2008)



- Engineering
 - Geotechnical
 - Environmental
- Laboratories

Cal-Tech Testing, Inc.

P.O. Box 1625 • Lake City, FL 32056-1625 • Tel(386)755-3633 • Fax(386)752-5456
7540 103rd St, Suite 215, Jacksonville, FL 32210 • Tel(904)381-8901 • Fax(904)381-8902

35914

JOB NO.: 17-00727-01

DATE TESTED: 11/2/2017

DATE REPORTED: 11/8/2017

REPORT OF IN-PLACE DENSITY TEST

PROJECT:	Crosswinds Subdivision - Lot 34, Lake City, FL
CLIENT:	Dale's Excavation, Inc., 6139 SW SR 47, Lake City, FL 32024
GENERAL CONTRACTOR:	Dale's Excavation, Inc.
EARTHWORK CONTRACTOR:	Dale's Excavation, Inc.
INSPECTOR:	C Day
ASTM METHOD (D-6938) Nuclear	SOIL USE BUILDING FILL
SPECIFIED REQUIREMENTS: 95%	

TEST NO.	TEST LOCATION	LIFT	TEST DEPTH	WET DENSITY (lb/ft ³)	MOISTURE PERCENT	DRY DENSITY (lb/ft ³)	PROCTOR TEST NO.	PROCTOR VALUE	% MAXIMUM DENSITY
1	Eastside of Pad, 8' West from Edge	1	12"	111.3	6.8	104.2	1	106.7	98%
2	Center of Westside of Pad, 13' East	1	12"	108.8	5.9	102.7	1	106.7	96%

REMARKS:

The Above Tests Meet Specified Requirements.

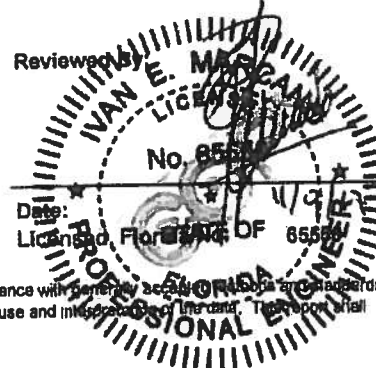
PROCTORS				
PROCTOR NO.	SOIL DESCRIPTION	MAXIMUM DRY UNIT WEIGHT (lb/ft ³)	OPT. MOIST.	TYPE
1	Tan Sand with Silt (SP-SM)	106.7	12.0	MODIFIED (ASTM D-1557)

Respectfully Submitted,
CAL-TECH TESTING, INC.

Linda M. Creamer

Linda M. Creamer
President - CEO

Reviewed by



The test results presented in this report are specific only to the samples tested at the time of testing. The tests were performed in accordance with generally accepted practices and standards. Since material conditions can vary between test locations and change with time, sound judgement should be exercised with regard to the use and interpretation of this data. This report shall not be reproduced without prior approval of the author.



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Cal-Tech Testing, Inc.

P.O. Box 1625 • Lake City, FL 32056-1625 • Tel(386)755-3633 • Fax(386)752-5456
7540 103rd St, Suite 215, Jacksonville, FL 32210 • Tel(904)381-8901 • Fax(904)381-8902

JOB NO.: 17-00727-01

REPORT OF IN-PLACE DENSITY TEST

DATE TESTED: 11/8/2017

DATE REPORTED: 11/9/2017

PROJECT:	Crosswinds Subdivision - Lot 34, Lake City, FL
CLIENT:	Dale's Excavation, Inc., 6139 SW SR 47, Lake City, FL 32024
GENERAL CONTRACTOR:	Dale's Excavation, Inc.
EARTHWORK CONTRACTOR:	Dale's Excavation, Inc
INSPECTOR:	K. Harris
ASTM METHOD (D-6938) Nuclear	SOIL USE BUILDING FILL
SPECIFIED REQUIREMENTS: 95%	

TEST NO.	TEST LOCATION	LIFT	TEST DEPTH	WET DENSITY (lb/ft ³)	MOISTURE PERCENT	DRY DENSITY (lb/ft ³)	PROCTOR TEST NO.	PROCTOR VALUE	% MAXIMUM DENSITY
3	15' West & 5' South, Northeast Corner	2	12"	113.0	4.4	108.2	1	106.7	101%
4	30' West & 30' South, Northeast Corner	2	12"	108.3	4.6	103.5	1	106.7	97%
5	10' North & 8' East, Southwest Corner	2	12"	112.6	4.5	107.8	1	106.7	101%

REMARKS:

The Above Tests Meet Specified Requirements.

PROCTORS				
PROCTOR NO.	SOIL DESCRIPTION	MAXIMUM DRY UNIT WEIGHT (lb/ft ³)	OPT. MOIST.	TYPE
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Respectfully Submitted,
CAL-TECH TESTING, INC.

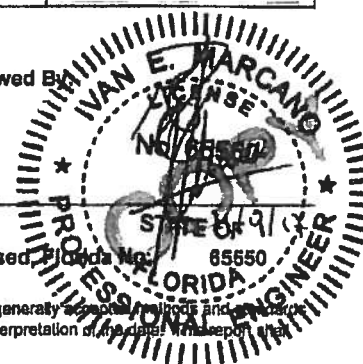
Linda M. Creamer

Linda M. Creamer
President - CEO

Reviewed By

Date:

Licensed Florida No.



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JOB NO.: 17-00727-01

REPORT OF IN-PLACE DENSITY TEST

DATE TESTED: 11/8/2017

DATE REPORTED: 11/9/2017

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CLIENT:		Dale's Excavation, Inc., 6139 SW SR 47, Lake City, FL 32024							
GENERAL CONTRACTOR:		Dale's Excavation, Inc.							
EARTHWORK CONTRACTOR:		Dale's Excavation, Inc.							
INSPECTOR:		K. Harris							
ASTM METHOD		SOIL USE							
(D-6938) Nuclear		BUILDING FILL							
SPECIFIED REQUIREMENTS: 95%									

TEST NO.	TEST LOCATION	LIFT	TEST DEPTH	WET DENSITY (lb/ft ³)	MOISTURE PERCENT	DRY DENSITY (lb/ft ³)	PROCTOR TEST NO.	PROCTOR VALUE	% MAXIMUM DENSITY
6	10' South & 5' West, Northeast Corner	3	12"	108.3	4.3	103.8	1	106.7	97%
7	30' South & 35' West, Northeast Corner	3	12"	110.2	5.1	104.9	1	106.7	98%
8	8' North & 6' East, Southwest Corner	3	12"	110.7	6.0	104.4	1	106.7	98%

REMARKS:

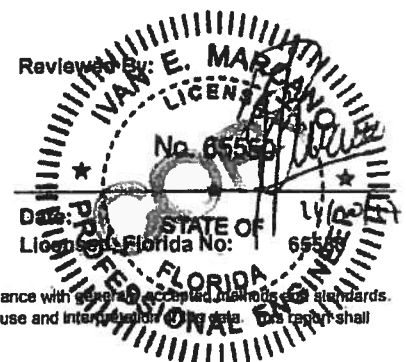
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Linda M. Creamer

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President - CEO



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