APPLICANT	@/2004 ** RAY LUS	This Per	rmit Expires One Ye	Building F ear From the Date PHONE	of Issue	PERMIT 000022031
ADDRESS	757	SW SR 247 SUIT	ΓE 101	LAKE CITY	1	FL 32024
OWNER	SHIRLEY	HITSON		PHONE	397-4489	
ADDRESS	224	NW SLAPPY DR	UVE	LAKE CITY		FL 32055
CONTRACTO	DR AD	VANTAGE POOLS	(PHONE	II.	_
LOCATION O	F PROPER	TY 90W, T	R ON BROWN RD, TR O	ON BERT ROAD, TR C	ON SLAPPY DR.,	
		2ND O	N RIGHT			
TYPE DEVEL	OPMENT	SWIMMING P	OOL ES	TIMATED COST OF C	CONSTRUCTION	40000.00
HEATED FLO	OR AREA	K	TOTAL ARI	EA	HEIGHT	.00 STORIES
FOUNDATION	Ν	W.F	ALLSI	ROOF PITCH	1	FLOOR
LAND USE &	ZONING	A-3		MA	AX. HEIGHT	
Minimum Set I	Back Requi	rments: STREE	ET-FRONT 30.00	REAR	25.00	SIDE 25.00
NO. EX.D.U.	1	_ FLOOD ZONI	E <u>NA</u>	DEVELOPMENT PE	RMIT NO.	
PARCEL ID	21-3S-16-	-02216-008	SUBDIVISIO	N LAKEWOOD A	CRES	
LOT 6	BLOCK	PHASE	UNIT	то	TAL ACRES	5.50
EXISTING Driveway Conn COMMENTS:		X04-0142 Septic Tank Numb	BK LU & Zonir	ng checked by A	HD pproved for Issua	nce New Resident
					Check # or	Cash 1709
			NIII DINO 6 ZONIA	10 DED 4 DE 14 E 14	Check # or	Cash 1709
		FOR E	BUILDING & ZONIN	IG DEPARTMEN	T ONLY	Cash 1709 (footer/Slab)
Temporary Pow	ver		BUILDING & ZONIN Foundation		The same of the sa	(footer/Slab)
28		date/app. by	Foundation	date/app. by	T ONLY Monolithic	(footer/Slab) date/app. by
Temporary Pow		date/app. by		date/app. by	T ONLY Monolithic	(footer/Slab)
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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."

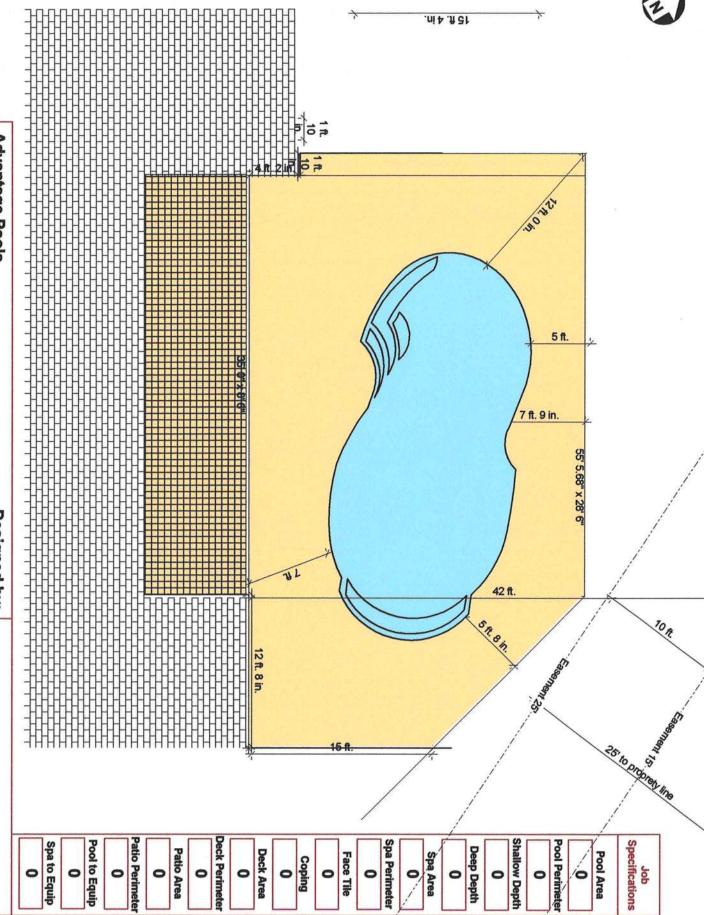
This Permit Must Be Prominently Posted on Premises During Construction

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 INCONVIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

Columbia County Building Permit Application

For Office Use Only Application # 0406 39 Date Re	eceived 6/14/04 By Ju Permit # 2203/
Application Approved by - Zoning Official BUL Date	6-21-0 Plans Examiner &D Date 6-21-04
Flood Zone Development Permit Zoning	Land Use Plan Map Category 4-3
Comments	
Advantage POOLS	
Applicants Name	Phone 758-752 1
Address Lake City, FL 32024	· · · · · · · · · · · · · · · · · · ·
Owners Name Shirley WiTson	Phone 397-4489
911 Address Day N W SCAPDY DIT	
Contractors Name TAY LUSSIEN POUNTE	198 Pools Phone 758-7522:
Address 757 SW SR 247 S4178	101
Fee Simple Owner Name & Address	I .
Bonding Co. Name & Address	
Architect/Engineer Name & Address	
Mortgage Lenders Name & Address	
Property ID Number <u>Sec 21-35-168-02216-008</u>	Estimated Cost of Construction 40,000
Property ID Number Sec 21-35-168-02216-008 Subdivision Name LAKE wood Acres	Lot Block Unit Phase
Driving Directions From 90 w Right on 19	rown Rd to Right on
BEST ROAD to and Right on	SLAMPY HOUSE ON BIGHT.
Type of Construction Swinning Pool	Number of Existing Dwellings on Property (
Total Acreage 5/5 Lot Size 5 + Digre Do you need a - Culv	eri Permit or Culvert Walver or Have an Existing Drive
Actual Distance of Structure from Property Lines - Front 390	"Side 165" Side 125" Regr 27"
Total Building Height Number of Stories	legted Floor Area Roof Pitch
	ROOF FIICH
Application is hereby made to obtain a permit to do work and in installation has commenced prior to the issuance of a permit an all laws regulating construction in this jurisdiction.	stallations as indicated. I certify that no work or ad that all work be performed to meet the standards of
OWNERS AFFIDAVIT: I hereby certify that all the foregoing inforcempliance with all applicable laws and regulating construction	rmation is accurate and all work will be done in and zoning.
WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTLEMBER OR ATTORNEY BEFORE RECORDING YOUR NOTICE (END TO ORTAIN FINANCING CONSULT WITH YOUR
Vac Tursui	Kartussei
Owger Builder or Agent (Including Contractor)	Contractor Signature
STATE OF FLORIDA COUNTY OF COLUMBIA	Contractors License Number <u>CPC 145675</u> Competency Card Number
Sworn to (or affirmed) and subscribed before me	NOTARY STAMP/SEALCarman James
this 14th day of June 2004.	MY COMMISSION # DD223375 EXPIRES
Personally known or Produced Identification	BONDED THEU TROY FAIN INSURANCE INC
	Notary Signature





757 SW SR 247 Suite 101 Advantage Pools Lake City FL 32025

Phone: 386-758-7522 Fax: 386-758-6932 Ray Lussier Designed by:

Accepted by S.Hitson

a to: (enclose self-addressed stamped envelope

Advantage POOLS 757 SW SR 247, Suite 101 Lake City, FL 32024

lastrument Prepared by:

Advantage POOLS
757 SW SR 247, Suite 101
Lake City, FL 32024
Try Appraisers Parcel Identification

Inst: 2004013565 Date: 06/11/2004 Time: 12: 06
DC, P. DeWitt Cason, Columbia County B: 1018 P: 142

SPACE ABOVE THIS LINE FOR PROCESSING DATA SPACE ABOVE THIS LINE FOR RECORDING DATA
NOTICE OF COMMENCEMENT
Permit No Tax Folio No
County of Columbia }
The undersigned hereby gives notice that improvements will be made to certain real property, and in accordance with chapte 713 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.
Legal description of property (include Street Address, if available) 5 reast Town ship 35 Range 16 E
21-35-16-02216-008 PA CAKEWOOD MERES SUBJIVISION
234 NW SCAPPY DN
Owner's Name & hilley Hitson
Owner's Name & Shilley Hitson
Address 224 Nw SLAppy DR. LAKE CITY FL 32055
Owned Interest in site of the improvement
Fee Simple Title holder (if other than owner) Shipley Hitson
Address 7. 0 Box 1419 Late CF Phone: 365-1979 Fax: 258 6760
Contractor
Address 1282 10 (6 Koto 600 Phone: 397-4889 Fax:
Surety Phone: Fax:
Address Amount of bond \$
Lender's Name CAB
Address: BASA AR LARCIT Phone: Fax:
Persons within the State of Florida designated by owner upon whom notices or other documents may be served as pro-
vided by Section 713.13(1)(a)7, Florida Statutes.
Name
AddressPhone: 758-7532 Fax: 758-6932
In addition, to himself, owner designates, RAY LUSSIEV
Of Havaurage 100 LS. Phone: 758-100 Fax: 158-6752
to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
Expiration date of Notice of Commencement the expiration date is 1 year from the date of recording unless a different date is specifie
Shipley Hilson
Signalar of Owner Pringled Name of Owner
MY COMMISSION # DD 237895 EXPIRES: December 26 2005
EXPIRES: December 26, 2005 Bonded Thru Notary Public Underwriters Sworm to land subscribed before me thing I was day of Sworm to land subscribed before me thing I was a subscribed before me