

## PERMIT

**This Permit Expires One Year From the Date of Issue**

000022665

APPLICANT	TIM GILLIAM		PHONE	755-0823		
ADDRESS	349	NW BRONCO TERRACE	LAKE CITY		FL	32055
OWNER	TINA & RANDALL KILGORE		PHONE	755-5345		
ADDRESS	1311	SW CR 242	LAKE CITY		FL	32024
CONTRACTOR	TIM GILLIAM		PHONE	755-0823		

LOCATION OF PROPERTY 90W, TL ON 247S, TL ON 242, THROUGHT CAUTION LIGHT, TO 1ST  
DRIVE ON LFT AFTER STONEHENGE SUBDIVISION

TYPE DEVELOPMENT	ATTACHED GARAGE	ESTIMATED COST OF CONSTRUCTION	23800.00
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HEATED FLOOR AREA	864.00	TOTAL AREA	HEIGHT	.00	STORIES	1
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FOUNDATION	CONC	WALLS	FRAMED	ROOF PITCH	8/12	FLOOR	SLAB
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LAND USE & ZONING	RR	MAX. HEIGHT	17
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Minimum Set Back Requirments:	STREET-FRONT	25.00	REAR	15.00	SIDE	10.00
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NO. EX.D.U.	1	FLOOD ZONE	NA	DEVELOPMENT PERMIT NO.
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PARCEL ID	23-4S-16-03095-001	SUBDIVISION
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LOT	BLOCK	PHASE	UNIT	TOTAL ACRES	1.90
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Culvert Permit No.	Culvert Waiver	Contractor's License Number	Applicant/Owner/Contractor	
EXISTING	98-0345	BK	RJ	N
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident

COMMENTS: ONE FOOT ABOVE THE ROAD, NOC ON FILE

Check # or Cash 1156

**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 \_\_\_\_\_ date/app. by \_\_\_\_\_

Rough-in plumbing above slab and below wood floor \_\_\_\_\_ date/app. by \_\_\_\_\_

Electrical rough-in \_\_\_\_\_ date/app. by \_\_\_\_\_ Heat & Air Duct \_\_\_\_\_ date/app. by \_\_\_\_\_ Peri. beam (Lintel) \_\_\_\_\_ date/app. by \_\_\_\_\_

Permanent power \_\_\_\_\_ date/app. by \_\_\_\_\_

C.O. Final \_\_\_\_\_ date/app. by \_\_\_\_\_

Culvert \_\_\_\_\_ date/app. by \_\_\_\_\_

M/H tie downs, blocking, electricity and plumbing \_\_\_\_\_ date/app. by \_\_\_\_\_ Pool \_\_\_\_\_ date/app. by \_\_\_\_\_

Reconnection	_____	Pump pole	_____	Utility Pole	_____	date/app. by
	date/app. by		date/app. by		date/app. by	

M/H Pole \_\_\_\_\_ date/app. by \_\_\_\_\_

Travel Trailer \_\_\_\_\_ date/app. by \_\_\_\_\_

Re-roof \_\_\_\_\_ date/app. by \_\_\_\_\_

BUILDING PERMIT FEE \$	120.00	CERTIFICATION FEE \$	.00	SURCHARGE FEE \$	.00
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MISC. FEES \$	.00	ZONING CERT. FEE \$	50.00	FIRE FEE \$		WASTE FEE \$	
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FLOOD ZONE DEVELOPMENT FEE \$	CULVERT FEE \$	<b>TOTAL FEE</b>	170.00
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INSPECTORS OFFICE *File 16/16* CLERKS OFFICE *CH*

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

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



For Office Use Only Application # 0412-69 Date Received 12/21/04 By G Permit # 22665  
Application Approved by - Zoning Official BLK Date 05.01.05 Plans Examiner \_\_\_\_\_ Date \_\_\_\_\_  
Flood Zone N/A Development Permit N/A Zoning RR Land Use Plan Map Category RES. U-2. DEN.  
Comments \_\_\_\_\_

Applicants Name Tim Gilliam (Kent Gilliam) Phone (386) 755-5345  
Address 1311 SW CR 242  
Owners Name \_\_\_\_\_ Phone \_\_\_\_\_  
911 Address 1311 SW CR 242 L.C. 32024  
Contractors Name Tim Gilliam (T.E.K. Construction) Phone (386) 755-0823  
Address 349 NW Bronco Terrace Lake City FL 32055  
Fee Simple Owner Name & Address \_\_\_\_\_  
Bonding Co. Name & Address N/A  
Architect/Engineer Name & Address William H. Freeman 161 N.W. Madison St Suite 102  
Mortgage Lenders Name & Address Lake City, FL  
Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progressive Energy  
Property ID Number 23-45-16-03095-001 Estimated Cost of Construction 23,800  
Subdivision Name N/A Lot \_\_\_\_\_ Block \_\_\_\_\_ Unit \_\_\_\_\_ Phase \_\_\_\_\_  
Driving Directions 90 west to Bradford Hwy to 242 turn left go  
through caution light to first drive on left after statehwy subdivision.  
Type of Construction GARAGE Number of Existing Dwellings on Property 1  
Total Acreage 1.9 Lot Size \_\_\_\_\_ Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive  
Actual Distance of Structure from Property Lines - Front 93'9" Side 135' Side 150' Rear 60'  
Total Building Height 17'4" Number of Stories 1 Heated Floor Area N/A Roof Pitch 8/12

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.

OWNERS AFFIDAVIT: I hereby certify that all the foregoing information is accurate and all work will be done in compliance with all applicable laws and regulating construction and zoning.

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Timothy E Gilliam  
Owner Builder or Agent (Including Contractor)

STATE OF FLORIDA  
COUNTY OF COLUMBIA



Jo Anna P. Ellis  
MY COMMISSION # CC984519 EXPIRES  
March 3, 2005  
BONDED THRU TROY FAIR INSURANCE, INC.

Sworn to (or affirmed) and subscribed before me  
this 21 day of Dec 2004.  
Personally known X or Produced Identification \_\_\_\_\_

Tim Gilliam  
Contractor Signature  
Contractors License Number CRL058585  
Competency Card Number \_\_\_\_\_  
NOTARY STAMP/SEAL  
Jo Anna P. Ellis  
Notary Signature



Parcel ID: 23-4S-16-03095-001 HX

Columbia County Property Appraiser

Owner & Property Info

Owner's Name	KILGORE TINA R JUNE
Site Address	COUNTY RD 242
Mailing Address	1311 SW CO RD 242 LAKE CITY, FL 32024
Brief Legal	BEG SE COR, RUN N 235 FT, W 300 FT, S 235 FT, E 300 FT TO POB. ORB 377-705, PROB #96-121

Show: [Tax Info](#) | [GIS Map](#) | [Property Card](#)

Use Desc. (code)	SINGLE FAM (000100)
Neighborhood	23416.00
Tax District	2
UD Codes	MKTA01
Market Area	01
Total Land Area	1.680 ACRES

Property & Assessment Values

Mkt Land Value	cnt: (1)	\$15,120.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (1)	\$99,207.00
XFOB Value	cnt: (2)	\$2,336.00
Total Appraised Value		\$116,663.00

Just Value		\$116,663.00
Class Value		\$0.00
Assessed Value		\$114,964.00
Exempt Value	(code: HX)	\$25,000.00
Total Taxable Value		\$89,964.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale Vlmp	Sale Qual	Sale RCode	Sale Price
10/17/2003	997/2506	WD	I	Q		\$150,000.00
6/17/1998	860/1701	WD	V	U	02	\$13,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1998	Vinyl Side (31)	1860	3148	\$99,207.00
	Note: All S.F. calculations are based on exterior building dimensions.					

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0180	FPLC 1STRY	1998	\$2,000.00	1.000	0 x 0 x 0	(.00)
0166	CONC,PAVMT	1998	\$336.00	168.000	12 x 14 x 0	(.00)

Land Breakdown

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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/15/2004

## PRODUCER

Zelen Risk Solutions, Inc.  
3817 Crown Point Road  
Suite 5  
Jacksonville FL 32257

INSURED T.E.K. Construction, LLC  
P.O. Box 1074

Lake City FL 32055

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Mid-Continent Group

INSURER B:

INSURER C:

INSURER D:

INSURER E:

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	04GL000558652	4/16/2004	4/16/2005	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA Occurrence) \$ 100,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Sent Via Fax to: (386)758-2160

## CERTIFICATE HOLDER

Columbia County Building Department  
135 NE Hernando Ave. Ste. B-21

Lake City, FL 32055

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Vicky M. Zelen VMZ

ACORD 25 (2001/08)

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NOTICE OF COMMENCEMENT FORM  
COLUMBIA COUNTY, FLORIDA

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.

Tax Parcel ID Number 23-45-16-03095-001

1. Description of property: (legal description of the property and street address or 911 address)

1311 SW CR 242 LAKE CITY FL 32024

Inst:2004028314 Date:12/21/2004 Time:10:17

18 DC,P.Dewitt Cason,Columbia County B:1033 P:2040

2. General description of improvement: 24 X 36 Garage Addition

3. Owner Name & Address TINA R. & RANDALL Kilgore

1311 SW CR 242 LAKE CITY FL 32024 Interest in Property \_\_\_\_\_

4. Name & Address of Fee Simple Owner (if other than owner): N/A

5. Contractor Name Tim G. Williams TEK Construction Phone Number 386-755-0823

Address 349 N.W. Bronco Terr. Lake City FL 32055

6. Surety Holders Name NA Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Amount of Bond NA

7. Lender Name NA Phone Number \_\_\_\_\_

Address \_\_\_\_\_

8. Persons within the State of Florida designated by the Owner upon whom notices or other documents may be served as provided by section 718.13 (1)(a) 7; Florida Statutes:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

9. In addition to himself/herself the owner designates \_\_\_\_\_ of \_\_\_\_\_ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) – (a) 7. Phone Number of the designee \_\_\_\_\_

10. Expiration date of the Notice of Commencement (the expiration date is 1 (one) year from the date of recording, (Unless a different date is specified) 12-20-05

**NOTICE AS PER CHAPTER 713, Florida Statutes:**

The owner must sign the notice of commencement and no one else may be permitted to sign in his/her stead.

Sworn to (or affirmed) and subscribed before  
day of 12/21/04, 2004

NOTARY STAMP/SEAL

Joanna P. Ellis  
Signature of Notary

Tina R. Kilgore  
Signature of Owner



Joanna P. Ellis  
MY COMMISSION # CC984519 EXPIRES  
March 3, 2005  
BONDED THRU TROY FAIN INSURANCE, INC.



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION

CRC058585

08/31/04 040206394

CERTIFIED RESIDENTIAL CONTRACTOR  
GILLIAM, TIMOTHY EDWARD  
INDIVIDUAL

IS CERTIFIED under the provisions of Ch. 489 FS.  
Expiration date: AUG 31, 2006 L04083102327



STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION  
CONSTRUCTION INDUSTRY  
CERTIFICATE OF EXEMPTION FROM FLORIDA  
WORKERS' COMPENSATION LAW

EFFECTIVE: 03/25/2004

\*\* EXPIRATION DATE: 03/25/2006

PERSON: GILLIAM, TIMOTHY  
FEIN: 20088486

BUSINESS NAME: TEK CONSTRUCTION LLC  
AND ADDRESS: PO BOX 1074  
LAKE CITY FL 32056

SCOPE OF BUSINESS OR TRADE: RESIDENTIAL CONTRACTOR