

1339
Columbia County New Building Permit Application

Signature - Noted
 Signature - SF

For Office Use Only Application # 1709-60 Date Received 9/27 By [Signature] Permit # 35923/2500
 Zoning Official [Signature] Date 10/14/17 Flood Zone X Land Use RLD Zoning RSF-2
 FEMA Map # _____ Elevation _____ MFE 108.00 River _____ Plans Examiner TG Date 10-6-17
 Comments _____
 NOC LEH 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. 17-0638 OR City Water _____ Fax _____
 Applicant (Who will sign/pickup the permit) Bradley Franks Phone 386-755-2455
 Address 257 SW Hudson Ln, Lake City, FL 32024
 Owners Name Catherine H Bryan & Theodore A Bryan Phone 386-365-7901
 911 Address 297 SW Buttercup Drive, Lake City, FL 32024
 Contractors Name Bradley Franks Phone 386-755-2455
 Address 257 SW Hudson Ln, Lake City, FL 32025
 Contractor Email bradley@bradleyfranks.com ***Include to get updates on this job.

Fee Simple Owner Name & Address _____
 Bonding Co. Name & Address _____
 Architect/Engineer Name & Address Nick Giesler, 1758 NW Brown Rd, Lake City, FL 32055
 Mortgage Lenders Name & Address N/A
 Circle the correct power company FL Power & Light Clay Elec. Suwannee Valley Elec. Duke Energy
 Property ID Number 15-4S-16-03023-542 Estimated Construction Cost 296,500
 Subdivision Name Rolling Meadows Lot 42 Block _____ Unit _____ Phase _____

Driving Directions from a Major Road Take Hwy 90 W to Sister's Welcome rd, turn left, Approx. 3 miles turn right on Hope Henry Rd, approx. 1 mile turn left into Rolling Meadows subdivision.
90-W to 341-FL to Hope Henry to Morning Glory, Te to Buttercup TR + it's 10th on R.

Construction of Residential Commercial OR Residential
 Proposed Use/Occupancy Residential Number of Existing Dwellings on Property 0
 Is the Building Fire Sprinkled? _____ 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 35' Side _____ Side _____ Rear _____
 Number of Stories 1 Heated Floor Area 2173 Total Floor Area 3611 Acreage .51

Zoning Applications applied for (Site & Development Plan, Special Exception, etc.) _____
JW SENT EMAIL 9.28.17 + SPOKE w/ Bradley in person 10.16.17

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.

Theodore A Bryan & Catherine H Bryan

Print Owners Name

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.

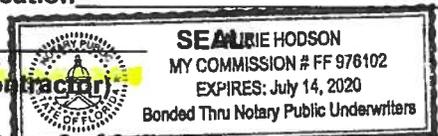
CONTRACTORS AFFIDAVIT: By my signature I understand and agree that I have informed and provided this written statement to the owner of all the above written responsibilities in Columbia County for obtaining this Building Permit including all application and permit time limitations.

Contractor's Signature

Contractor's License Number RG291103874
Columbia County
Competency Card Number 1448

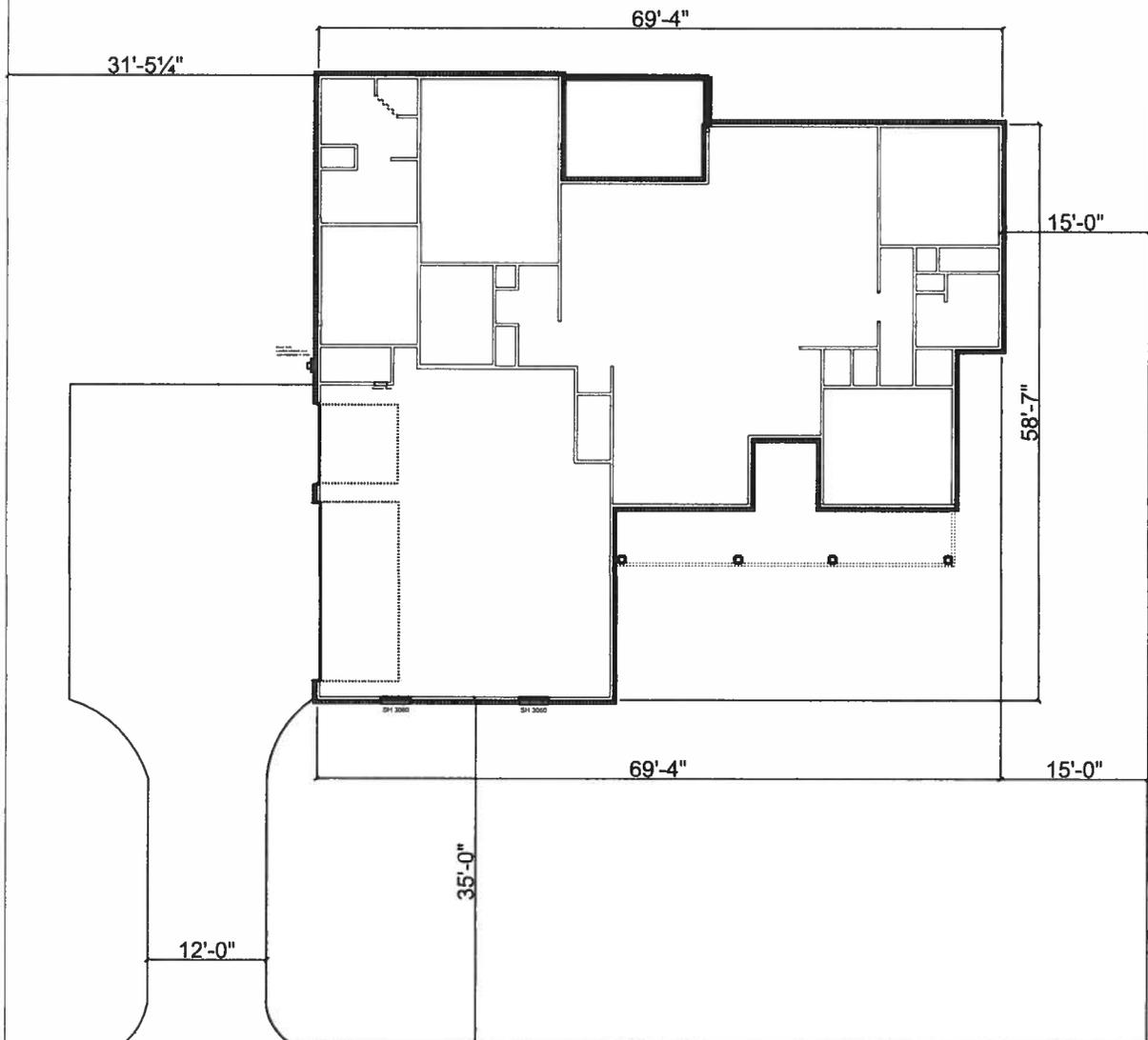
Affirmed under penalty of perjury to by the Contractor and subscribed before me this 10th day of OCTOBER 2017. Personally known or Produced Identification

State of Florida Notary Signature (For the Contractor)



297 SW BUTTERCUP DRIVE,
LAKE CITY, FL 32024

ROLLING MEADOWS SUBDIVISION
LOT 42 .51 ACRES



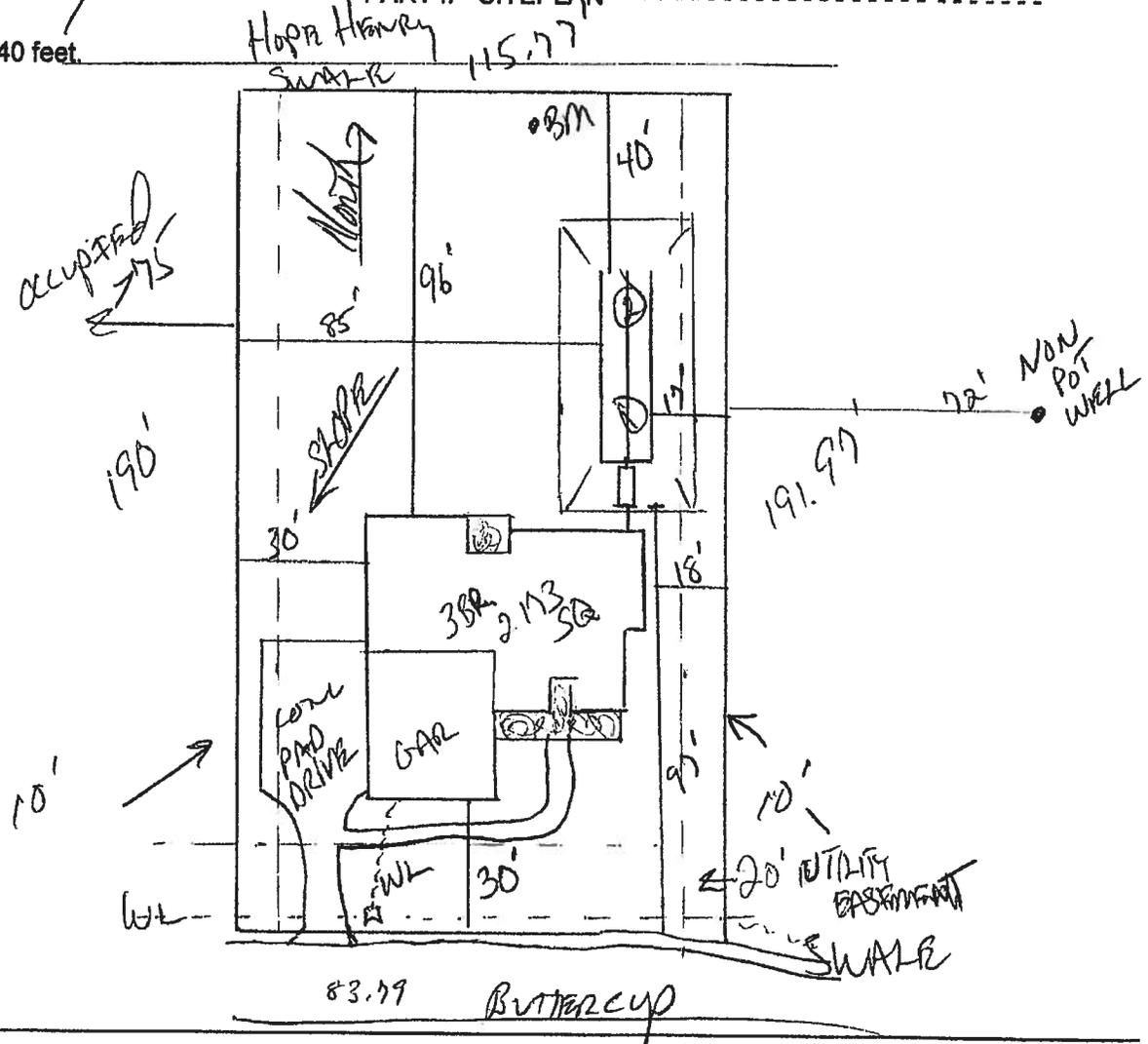
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 17-0638

Bryan

PART II - SITEPLAN

Scale: 1 inch = 40 feet



Notes:

Site Plan submitted by:

Rodney D F...

MASTER CONTRACTOR

Plan Approved

Not Approved

Date 10/18/17

By

[Signature]

Coluban

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

PERMIT NO. 17-0638 DATE PAID: 10/5/17 FEE PAID: 318.00 RECEIPT #: 1309845

APPLICATION FOR:

- [X] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []

APPLICANT: Catherine Bryan

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: 42 BLOCK: na SUB: Rolling Meadows PLATTED: 10/17/05

PROPERTY ID #: 15-4S-16-03023-542 ZONING: I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 42 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [X] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: FT

PROPERTY ADDRESS: 297 SW Buttercup Dr, LC

DIRECTIONS TO PROPERTY: 247 South, TL on SW Callahan Ave, TL Hope Henry St, TR

Morning Glory Drive, TR Buttercup Dr, 10th lot on right

BUILDING INFORMATION [X] 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 3 2173

2

3

[N] Floor/Equipment Drains [N] Other (Specify)

SIGNATURE: Rocky D Ford DATE: 10/4/2017



October 31, 2017

Mr. Franks,

This letter is to verify that the City of Lake City has potable water available to tap into at 297 SW Buttercup Dr., Parcel 15-4S-16-03023-542.

Please note, a tap will need to be completed before access to the service is available. If you have any questions, please feel free to contact me at (386) 719-5786 during our normal business hours of 8:00 am to 4:30 pm, Monday through Friday. I will be happy to assist you.

Sincerely,

A handwritten signature in blue ink that reads 'Shasta M. Pelham'.

Shasta M. Pelham
Utility Service Coordinator

Cc: Jason Dumas
Customer Service Manager

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 1709-60 JOB NAME Franks/

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.

ELECTRICAL	Print Name _____ Signature _____	Need
<input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> Lic
CC# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Liab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
MECHANICAL/A/C	Print Name <u>David Hall</u> Signature <u>[Signature]</u>	Need
<input checked="" type="checkbox"/>	Company Name: <u>David Hall's Inc.</u>	<input type="checkbox"/> Lic
CC# <u>568</u>	License #: <u>CAC057424</u> Phone #: <u>386 755-9792</u>	<input type="checkbox"/> Liab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
PLUMBING/GAS	Print Name <u>[Signature]</u> Signature <u>Col, Burns</u>	Need
<input checked="" type="checkbox"/>	Company Name: <u>Burns Plumbies</u>	<input type="checkbox"/> Lic
CC# <u>715</u>	License #: <u>CFC1427146</u> Phone #: <u>356 823-0509</u>	<input type="checkbox"/> Liab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
ROOFING	Print Name <u>Bradley Franks</u> Signature <u>[Signature]</u>	Need
<input checked="" type="checkbox"/>	Company Name: <u>Bradley Franks Construction</u>	<input checked="" type="checkbox"/> Lic
CC# <u>1448</u>	License #: <u>RG291103874</u> Phone #: <u>386-755-2455</u>	<input type="checkbox"/> Liab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
SHEET METAL	Print Name _____ Signature _____	Need
<input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> Lic
CC# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Liab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
FIRE SYSTEM/SPRINKLER	Print Name _____ Signature _____	Need
<input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> Lic
CC# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Liab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
SOLAR	Print Name _____ Signature _____	Need
<input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> Lic
CC# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Liab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
STATE SPECIALTY	Print Name _____ Signature _____	Need
<input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> Lic
CC# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Liab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 1709-60 JOB NAME FRANKS

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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.

<input checked="" type="checkbox"/> ELECTRICAL CC# <u>309</u>	Print Name <u>Matt Burns</u> Signature <u>Matt HB</u> Company Name: <u>Matt Burns Electric Inc</u> License #: <u>EC 13006531</u> Phone #: <u>386 365 3688</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/> MECHANICAL/ A/C CC#	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/> PLUMBING/ GAS CC#	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/> ROOFING CC#	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/> SHEET METAL CC#	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/> FIRE SYSTEM/ SPRINKLER CC#	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/> SOLAR CC#	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/> STATE SPECIALTY CC#	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

Prepared by and return to:
Frontier Title Group, LLC
5225 8th Street
Zephyrhills, FL 33542
as a necessary incident to the fulfillment
of conditions contained in a title insurance
commitment issued by it.

Folio Number(s): 15-4S-16-03023-542
File No.: 2014-290

-----SPACE ABOVE THIS LINE FOR RECORDING DATA-----

THIS WARRANTY DEED made this 20th day of October, 2014 by CORNERSTONE PARTNERS LP a/k/a CORNERSTONE PARTNERS LP SD, a South Dakota limited partnership, hereinafter called the Grantor, to Catherine H Bryan and Theodore A Bryan, a married couple, Joint Tenants with Rights of Survivorship whose post office address is 997 SW Troy St. Lake City, FL 32044 hereinafter called the Grantee. (Wherever used herein the terms "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations).

WITNESSETH: That the grantor, for and in consideration of the sum of TEN AND 00/100'S (\$10.00) Dollars, and other variable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situated in Columbia County, Florida, viz:

Lot 42, Rolling Meadows Subdivision, as per plat thereof, recorded in Plat Book 8, Page 45, of the Public Records of Columbia County, Florida.

SUBJECT TO restrictions, reservations, easements and limitations of record, if any, provided that this shall not serve to reimpose same, zoning ordinances, and taxes for the current year and subsequent years.

TOGETHER with all the tenements, hereditaments and appurtenances thereto belonging or in anyway appertaining.

TO HAVE AND TO HOLD, the same in fee simple forever.

AND the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; and hereby warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except as mentioned above.

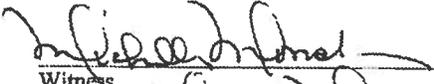
Signature and Notary on next page

IN WITNESS WHEREOF, the said grantor has signed and sealed the day and year first above written.

Signed, sealed and delivered in the presence of:

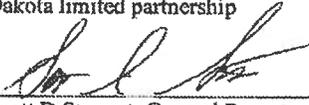


Witness
Print Name: Robert Stewart



Witness
Print Name: Michelle Donegan

CORNERSTONE PARTNERS LP a/k/a
CORNERSTONE PARTNERS LP SD, a South
Dakota limited partnership



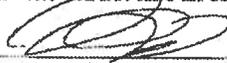
Scott D Stewart, General Partner



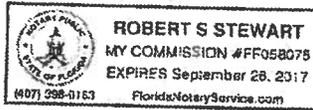
Pamela K Stewart, General Partner

STATE OF: FLORIDA
COUNTY OF: COLUMBIA

The foregoing instrument was acknowledged before me this 20th day of October, 2014 by Scott D Stewart and Pamela K Stewart as General Partners of CORNERSTONE PARTNERS LP a/k/a CORNERSTONE PARTNERS LP SD, a South Dakota limited partnership who is/are personally known to me or has/have produced FL P/L as identification and who ~~did not take~~ an oath.



Notary Public
Robert S Stewart
Printed Notary Name



District No. 1 - Ronald Williams
District No. 2 - Rusty DePratter
District No. 3 - Bucky Nash
District No. 4 - Everett Phillips
District No. 5 - Tim Murphy



BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

Address Assignment and Maintenance Document

To maintain the county wide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for addressing and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Services Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County

Date/Time Issued: **10/17/2017 3:59:25 PM**
Address: **297 SW BUTTERCUP Dr**
City: **LAKE CITY**
State: **FL**
Zip Code **32024**

Parcel ID **03023-542**

REMARKS: Address for proposed structure on parcel.

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION AND ACCESS INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION AND/OR ACCESS INFORMATION BE FOUND TO BE IN ERROR OR CHANGED, THIS ADDRESS IS SUBJECT TO CHANGE.

Address Issued By: **Signed:/ Matt Crews**

Columbia County GIS/911 Addressing Coordinator

**COLUMBIA COUNTY
911 ADDRESSING / GIS DEPARTMENT**

263 NW Lake City Ave., Lake City, FL 32055 Telephone: (386) 758-1125
Email: gis@columbiacountyfla.com