Columbia County New Building Permit Application

For Office Use Only	Application #	Date R	eceived	By Permit	#
Zoning Official	Date	Flood Zone	Land U	seZor	ning
FEMA Map #	Elevation	MFE Riv	er Plan	ns Examiner	Date
Comments					
		□ State Road Info			
Dev Permit #	o in F	Floodway - Letter o	of Auth. from Con	ater a Ann Fee Pa	id O Sub VF Form
		□ Land Owner Affida	AIT EIIISAIIIE AA		
Septic Permit No				Fax	
Applicant (Who will s	ign/pickup the per	mit) Dale Burd		Phone 300	3-365-7674
Address 20619 CR	137, LC, FL, 32	024			
Owners Name John	a & Beth Ann De	Wees		Phone 407-957	-3472
		le, Fort White, FL,		_	
Contractors Name				Phone 386-623	3-3873
Address		err, Live Oak, FL,	32060		
Contractor Email W		ndstream.net		***Include to ge	t updates on this job.
Fee Simple Owner N			eWees		
Bonding Co. Name /	R Address NA				
Architect/Engineer N	Name & Address	Franklin Structures	LLC 10655 H	wy 43 S, Russlle	eville, Al, 35653
Mortgage Lenders N					
Circle the correct po	wer company – F	L Power & Light - C			
Property ID Number	30-5S-16-03738	-034	Estimated Cons	struction Cost \$27	5,208.00
Subdivision Name_Jr	Dicks Tract		Lot	14 Block l	Init Phase
Driving Directions fro	m a Major Road S	R 47 South, TR SW W	atson, TL Drew Fe	agle, TR Coyote Cir	, 3/10ths mile on right
	-				
Construction of Off	Frame Modular			_Commercial C	OR XResidential
Proposed Use/Occu			Numb	er of Existing Dwel	lings on Property 0
Is the Building Fire Sp	2020	Yes, blueprints includ	dedOr Exp	lain	
Circle Proposed -	Culvert Permit o	r <u>Culvert Waiver</u>	or D.O.T. Per	rmit or <u>Have c</u>	an Existing Drive
		erty Lines - Front 283	Side 111	Side 140	Rear 318
Number of Stories 1			Total Floor Are		Acreage 5.08
					-
Zoning Applications	applied for (Sife &	Development Plan, S	pecial Exception	, 010.)	

Columbia County Building Permit Application - "Owner and Contractor Signature Page"

CODES: 2020 Florida Building Code 7th Edition and the 2017 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.

before any permit will be issued.
t I have informed and provided this columbia County for obtaining
ense Number CRC1331358 d Number
resence or online notarization, this
National Produced ID
NOTARY PUBLIC STATE OF FLORIDA Comm# GG231750 Expires 7/16/2022
1

**Property owners must sign here

SUBCONTRACTOR VERIFICATION

	JOB NAME John & Beth Ann DeWees	
APPLICATION/PERMIT #	JOB NAME OF THE CONTROL OF THE CONTR	

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.

Print Name Glenn Whittington Signatur Signatur	Need Lic Liab W/C
Company Name: VVIIIIIII GIOIT Electric	□ EX
License #: EC 13002957 Phone #: 386-972-1700	DE
Print Name Steven Mollman Signature	Need ☐ Lic ☐ Liab
Company Name: Moliman A/C & Rei LLC	🗆 w/c
License #. CAC 1819696 Phone #: 352-339-6640	□ EX □ DE
Print Name Cody Barrs Signature 2	Need ☐ Lic ☐ Liab
Company Name: Barrs Plumbing Inc	□ w/c
License #: CFC 1427145 Phone #: 386-752-8656	□ EX □ DE
Print Name Signature	Need Lic
	D EX
Print Name Signature	Need □ Lic
	☐ Liab ☐ W/C
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	Need Lic
-	□ Liab □ W/C
	□ EX □ DE
	Need Lic
1	□ Liab
	EX
License #:	Need
Print NameSignature	☐ Lic ☐ Liab
Company Name:	□ w/c
License #:Phone #:	DE
	Company Name: Whittington Electric License #: EC 13002957 Phone #: 386-972-1700 Print Name Steven Mollman Signature Company Name: Mollman A/C & Ref LLC License #: CAC 1819696 Phone #: 352-339-6640 Print Name Cody Barrs Signature Company Name: Barrs Plumbing Inc License #: CFC 1427145 Phone #: 386-752-8656 Print Name Signature Company Name: Phone #: Signature Company Name: Signature Company Name: Phone #: Signature Company Name: Signature Company Name: Signature Company Name: Phone #: Signature Company Name: Signature Company Name: Phone #: Signature Company Name: Signature



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

LICENSED QUALIFIER AUTHORIZATION

ı, William L Harper	(license holder name), licensed qualifier
for W L Harper Construction LLC	(company name), do certify that
the below referenced person(s) listed on this form holder, or is/are employed by me directly or throu- officer of the corporation; or, partner as defined in person(s) is/are under my direct supervision and sign permits; call for inspections and sign subcon-	ugh an employee leasing arrangement; or, is an n Florida Statutes Chapter 468, and the said control and is/are authorized to purchase and
Printed Name of Person Authorized	Signature of Authorized Person
1. Dale Burd	1. 3
2.	2.
3.	3.
4.	4.
5.	5.
authority to discipline a license holder for violatic officers, or employees and that I have full responsand ordinances inherent in the privilege granted	liance with all Florida Statutes, Codes, and and County Licensing Boards have the power and ons committed by him/her, his/her agents, nsibility for compliance with all statutes, codes by issuance of such permits.
If at any time the person(s) you have authorized officer(s), you must notify this department in writ authorization form, which will supersede all prevunauthorized persons to use your name and/or	ting of the changes and submit a new letter of rious lists. Failure to do so may allow
Licensed Qualifiers Signature (Notarized)	CRC 1331358 License Number Date
NOTARY INFORMATION: STATE OF: FloridaCOUNTY OF	: Columbia
The above license holder, whose name is Willipersonally appeared before me and is known by (type of I.D.) PKnown on	am L Harper y me or has produced identification this, and, and, and, and, and, and, and, and, and
NOTARY'S SIGNATURE	Commission # 1073921 Expires April 20, 2025 Banded Thru Troy Fain Insurance 800-385-7019



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

LICENSED QUALIFIER AUTHORIZATION

Chand Whitington	(license holder name), licensed qualifier	
for WhitThaten ELREKK S	(company name), do certify that	
the below referenced person(s) listed on this form holder, or is/are employed by me directly or through officer of the corporation; or, partner as defined person(s) is/are under my direct supervision and sign permits; call for inspections and sign subcontact.	m is/are contracted/hired by me, the license ugh an employee leasing arrangement; or, is an n Florida Statutes Chapter 468, and the said control and is/are authorized to purchase and	
Printed Name of Person Authorized	Signature of Authorized Person	
1. DAEBUR	1	
2. Rocky Fond	2. Jones 1)	
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 Qualifiers Signature (Notarized) License Number Date		
NOTARY INFORMATION: STATE OF:COUNTY OF	Colmbin	
The above license holder, whose name is	y me or has produced identification this day of, 20_6. Seal/Starrelly R BISHOP Notary Public - State of Florida Commission # FF 243986	



COLUMBIA COUNTY BUILDING DEPARTMENT LETTER OF AUTHORIZATION TO SIGN FOR PERMITS

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

Phone: 386-758-1008 Fax: 386-758-2160

I. Steven Mollman	(license holder name), licensed qualifier
for Mollman Air Conditioning & Refrigeration	on LLC (company name), do certify that
	of the corporation; or, partner as defined in son(s) is/are under my direct supervision and
Printed Name of Person Authorized	Signature of Authorized Person
1. Dale Burd	1
2.	2.
3.	3.
4.	4.
5.	5.
authority to discipline a license holder for violation officers, or employees and that I have full responsed ordinances inherent in the privilege granted. If at any time the person(s) you have authorized must notify this department in writing of the chain	ind County Licensing Boards have the power and cons committed by him/her, his/her agents, insibility for compliance with all statutes, codes if by issuance of such permits. It is/are no longer employee(s), or officer(s), you inges and submit a new letter of authorization illure to do so may allow unauthorized persons to
Sto M Modern License Holders Signature (Notarized)	CAC 1819696
The above license holder whose name is	DF. Columbia
personally appeared before me and is known be (type of ID.) DOVES LICENSE or	y me or has produced identification this 30 h day of March 20 22
NOTARY'S SIGNATURE	(Seal/Stamp)



COLUMBIA COUNTY BUILDING DEPARTMENT 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIER AUTHORIZATION

ı, Cody Barrs	(license holder name), licensed qualifier	
for Barrs Plumbing Inc	(company name), do certify that	
the below referenced person(s) listed on this form holder, or is/are employed by me directly or throu officer of the corporation; or, partner as defined in person(s) is/are under my direct supervision and sign permits; call for inspections and sign subcon-	ugh an employee leasing arrangement; or, is an n Florida Statutes Chapter 468, and the said I control and is/are authorized to purchase and	
Printed Name of Person Authorized	Signature of Authorized Person	
1. Dale Burd		
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 persens to use your name and/or license number to obtain permits.		
Licensed Qualifiers Signature (Notarized)	CFC 1427145	
NOTARY INFORMATION: STATE OF: Florida COUNTY OF	: Columbia	
The above license holder, whose name is Copersonally appeared before me and is known by (type of I.D.) PKnown on NOTARY'S SIGNATURE	patricial day of June , 20 22 PATRICIAL DERS Commission # HR 073921 Expires April 20, 2025 Bonded Thru Troy Fain Insurance 800-385-7019	