

DATE 12/14/2004

Columbia County Building Permit

PERMIT

This Permit Expires One Year From the Date of Issue

000022592

APPLICANT JAN MACREA SIPE PHONE 941 729-2012
ADDRESS 1002 PINEY POINT ROAD PALMETTO FL 34221
OWNER JAN MACREA SIPE PHONE 941 722-1013
ADDRESS 447 SW OLD LAKE CITY TERRACE HIGH SPRINGS FL 32643
CONTRACTOR OWNER BUILDER PHONE _____

LOCATION OF PROPERTY 441S, TR ON CR 18, TL ON OLD LAKE CITY TERRACE, 1ST PLACE
ON LEFT, NUMBER ON GATE

TYPE DEVELOPMENT SFD, UTILITY ESTIMATED COST OF CONSTRUCTION 78000.00

HEATED FLOOR AREA 1560.00 TOTAL AREA 2600.00 HEIGHT .00 STORIES 1

FOUNDATION CONC WALLS FRAMED ROOF PITCH 6/12 FLOOR SLAB

LAND USE & ZONING A-3 MAX. HEIGHT 20

Minimum Set Back Requirements: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00

NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 33-6S-17-09834-110 SUBDIVISION RUMPH FARMS

LOT 10 BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES 11.38

Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor JK Y

EXISTING 04-1088-N BK JK Y

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 1343

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

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

Permanent power _____ C.O. Final _____ Culvert _____
date/app. by _____ date/app. by _____ date/app. by _____

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

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

M/H Pole _____ Travel Trailer _____ Re-roof _____
date/app. by _____ date/app. by _____ date/app. by _____

BUILDING PERMIT FEE \$ 390.00 CERTIFICATION FEE \$ 13.00 SURCHARGE FEE \$ 13.00

MISC. FEES \$.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ _____ WASTE FEE \$ _____

FLOOD ZONE DEVELOPMENT FEE \$ _____ CULVERT FEE \$ _____ TOTAL FEE 466.00

INSPECTORS OFFICE Abu Tedulu CLERKS OFFICE CN

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.

Columbia County Building Permit Application

Revised 8-23

For Office Use Only Application # 0411-39 Date Received 11-10-04 By GT Permit # 22592
Application Approved by - Zoning Official BLK Date 19.11.04 Plans Examiner _____ Date _____
Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3
Comments _____

Questions
CALL
Bob
MAIPHUS

Applicants Name JAN MACREA Sipe Phone 941-724-2012
Address 1002 PINEY PT RD PALM BEACH FLA 34221
Owner Name JAN MACREA Sipe Phone 941-722-1013
911 Address 447 OLD LAKE CITY TERR SW High Springs FLA
Contractors Name OWNER-Builder Phone _____
Address _____

Fee Simple Owner Name & Address _____

Lending Co. Name & Address _____

Architect/Engineer Name & Address Wayland STRUCTURAL ENGINEERING

Mortgage Lenders Name & Address Bismark Mortgage

Circle the correct power company - FL Power & Light - Day Rec. - Summer Valley Elec. - Progressive Power

Property ID Number 33-65-17-09834-110 Estimated Cost of Construction 130,000

Subdivision Name Rumph FARMS LOT 10 Lot _____ Block _____ Unit _____ Phase _____

Driving Directions NORTH 441 FROM High Springs LEFT COUNTY 15

Left on OLD LAKE CITY TERR. 1/2 mile first lot behind

farm on left

Type of Construction New house Number of Existing Dwellings on Property 0

Total Acreage 11.38 lot size _____ Do you need a - Culvert Permit or Culvert Waiver or None on Bridge Crib

Actual Distance of Structure from Property Lines - Front 300 FT Side 200 FT Side 100 FT Rear 1,000 FT

Total Building Height 20 ft. Number of Stories 1 Heated Floor Area 1560 Roof Pitch 6/12

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 in 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.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

JAN M Sipe
Owner/Builder or Agent (Including Contractor)

STATE OF FLORIDA
COUNTY OF COLUMBIA - MANATEE

Sworn to (or affirmed) and subscribed before me
this 28th day of DECEMBER 2004.
Personally Known _____



Roger W. Robertson
My Commission Expires October 05, 2006

Contractor Signature
Contractors License Number _____
Competency Card Number _____
NOTARY STAMP/SEAL

Roger W. Robertson
Notary Signature

NO LETTER of AUTHORIZATION -
for Bob MAIPHUS

CAM112M01 S CamaUSA Appraisal System
11/10/2004 9:41 Legal Description Maintenance
Year T Property Sel
2005 R 33-6S-17-09834-110

Columbia County
51892 Land 001
AG 000
Bldg 000
Xfea 000
51892 TOTAL B

LOT 10 RUMPH FARMS UNREC
SIPE JAN MACREA

1	BEG NE COR OF NW1/4 OF NE1/4,,	RUN S 369.24 FT,, W 1342.64 FT,,	2
3	N 369.24 FT,, E 1341.24 FT TO	POB.. (AKA LOT 10 RUMPH FARMS	4
5	S/D UNREC), ORB 894-059,,		6
7			8
9			10
11			12
13			14
15			16
17			18
19			20
21			22
23			24
25			26
27			28

Mnt 1/06/2000 TERRY

F1=Task F3=Exit F4=Prompt F10=GoTo PGUP/PGDN F24=MoreKeys

OCT-28-2004 07:49 FROM:

01:03:36 07:19 17292012 P1-

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 33-65-17-09834-110

1. Description of property: (legal description of the property and street address or B11 address)
447 SW OLD LAKE CITY Rd. High Springs Fl.
(Rumph Farms lot 10)
2. General description of improvement: building house (single
Family Residence)
3. Owner Name & Address JAN Macrae-Sipe
1002 Piney Point Rd. Palmetto FL Interest in Property OWNER
4. Name & Address of Fee Simple Owner (if other than owner): _____
5. Contractor Name Owner-Barker Phone Number _____
Address _____
6. Surety Holders Name _____ Phone Number _____
Address _____
Amount of Bond _____
7. Lender Name Bismark Mortgage Phone Number _____
Address 10500 NE 8th St. Suite 700, Bellevue WA. 98004
8. Persons within the State of Florida designated by the Owner upon whom notices or other documents may be served as provided by section 713.13 (1)(a) 7; Florida Statutes:
Name ✓ Bob Malphurs Phone Number 386-462-4331
Address ✓ P.O. Box 1569, Alachua, FL 32616
9. In addition to himself/herself the owner designates Bob Malphurs of
ALACHUA, FL to receive a copy of the Lessor's Notice as provided in Section 713.13 (1) -
(a) 7. Phone Number of the designee 386-462-4331
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) _____

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.

Jan Sipe
Signature of Owner

Sworn to (or affirmed) and subscribed before
28th day of October, 2004

NOTARY STAMP/SEAL



Roger W. Robertson
My Commission DP152619
Expires October 05, 2008

Roger W. Robertson
Signature of Notary

Inst: 2004025170 Date: 11/10/2004 Time: 09:59
mk DC, P. Dewitt Cason, Columbia County B: 1030 P: 833

DISCLOSURE STATEMENT

FOR OWNER/BUILDER WHEN ACTING AS THEIR OWN CONTRACTOR AND CLAIMING EXEMPTION OF CONTRACTOR LICENSING REQUIREMENTS IN ACCORDANCE WITH FLORIDA STATUTES, ss. 489.103(7).

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor with certain restrictions even though you do not have a license. You must provide direct, onsite supervision of the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building, provided your costs do not exceed \$25,000. The building or residence must be for your own use or occupancy. It may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved yourself within 1 year after the construction is complete, the law will presume that you built or substantially improved it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. You may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on your building who is not licensed must work under your direct supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

TYPE OF CONSTRUCTION

- | | |
|--|---|
| <input checked="" type="checkbox"/> Single Family Dwelling
<input type="checkbox"/> Farm Outbuilding
<input type="checkbox"/> New Construction | <input type="checkbox"/> Two-Family Residence
<input type="checkbox"/> Other _____
<input type="checkbox"/> Addition, Alteration, Modification or other Improvement |
|--|---|

NEW CONSTRUCTION OR IMPROVEMENT

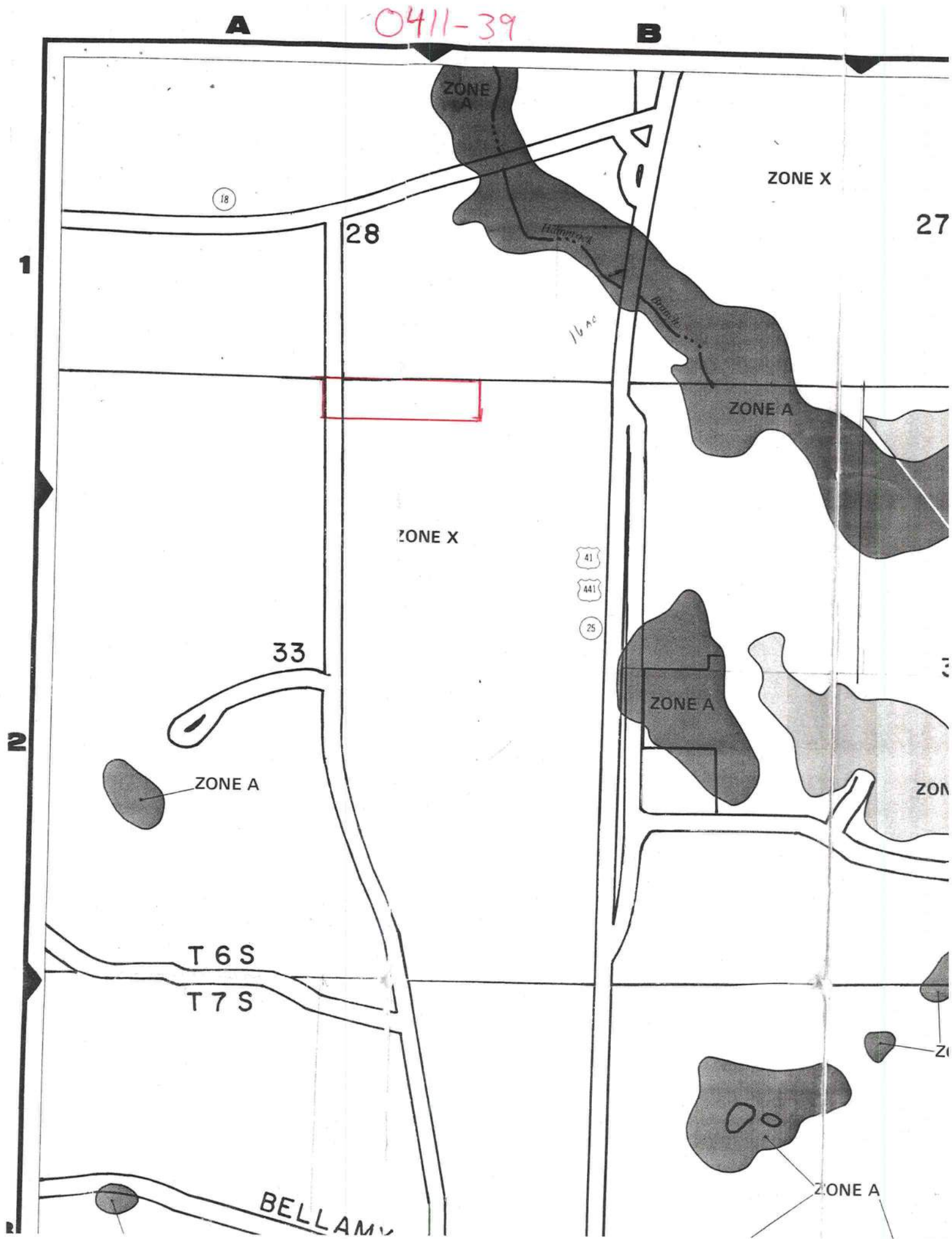
I, TAN M. Sipe, have been advised of the above disclosure statement for exemption from contractor licensing as an owner/builder. I agree to comply with all requirements provided for in Florida Statutes ss.489.103(7) allowing this exception for the construction permitted by Columbia County Building Permit Number _____

☒ Tan M. Sipe 10/26/04
 Signature Date

FOR BUILDING USE ONLY

I hereby certify that the above listed owner/builder has been notified of the disclosure statement in Florida Statutes ss 489.103(7).

Date _____ Building Official/Representative _____





STATE OF FLORIDA
DEPARTMENT OF HEALTH

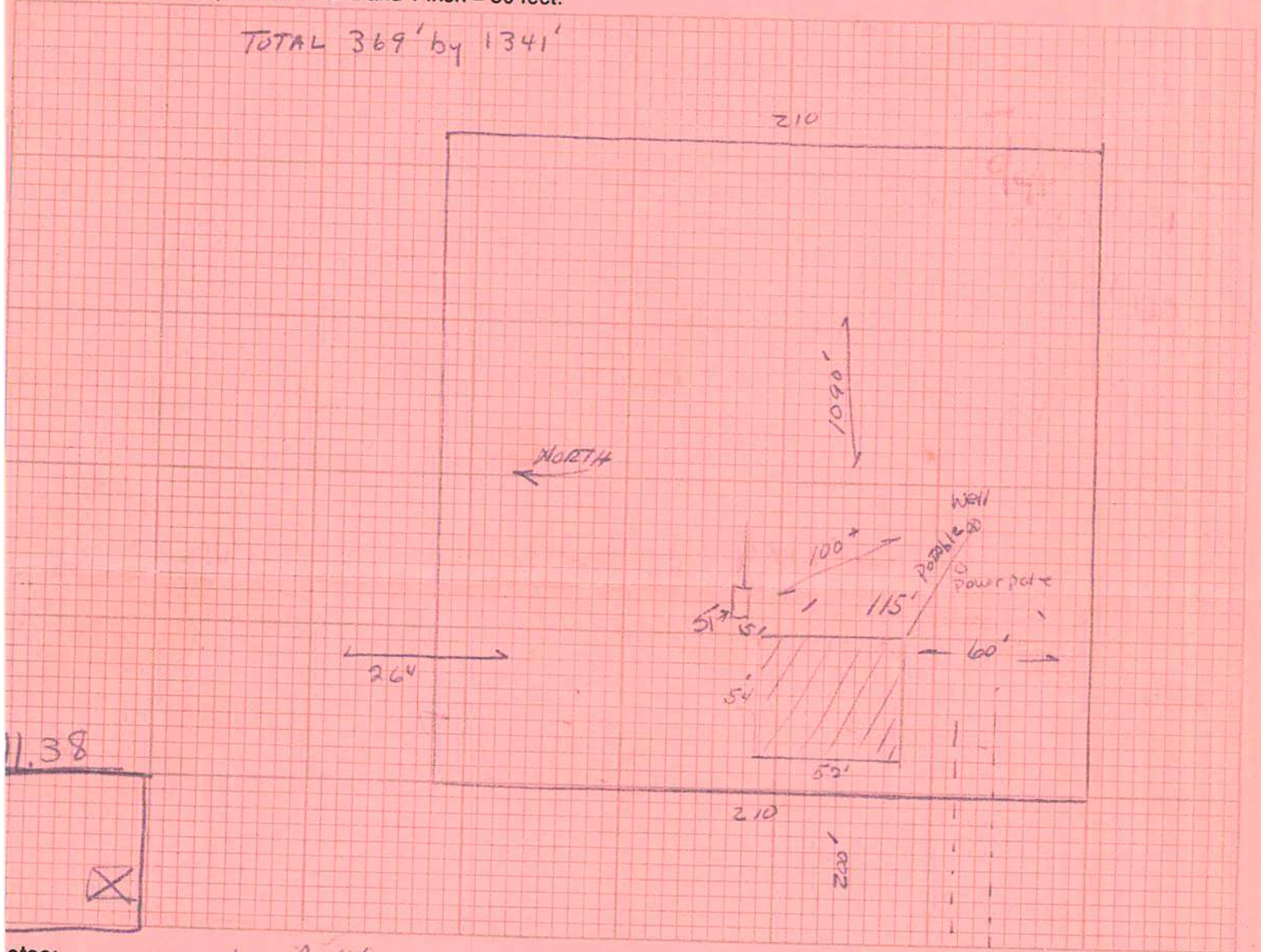
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 04-1088N

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.

TOTAL 369' by 1341'



Notes: 1- of 11+
See Attached

Site Plan submitted by: Jane Sipe by B&B Maplum

Approved ☒ Signature _____
Not Approved ☐ _____
Sallie A. Maddy - ESI-COLUMBIA

OWNER/AGENT

Date 11-17-04

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

015, 10/96 (Replaces HRS-H Form 4015 which may be used)
* Number: 5744-002-4015-6)

Compliance with Method B Chapter 6 of the Florida Energy Efficiency Code may be demonstrated by the use of Form 600B for single and multifamily residences of 3 stories or less in height, and additions to existing residential buildings. To comply, a building must meet or exceed all of the energy efficiency prescriptives in any one of the prescriptive component packages and comply with the prescriptive measures listed in Table 6B-1 of this form. An alternative method is provided for additions of 600 square feet or less by use of Form 600C. If a building does not comply with this method, it may still comply under other sections in Chapter 6 of the Code.

PROJECT NAME: AND ADDRESS:	<u>SIFE</u> <u>447 OLD L.C. TER.</u>	BUILDER:	<u>SIFE</u>	PERMITTING OFFICE:	<u>Columbia</u>	CLIMATE ZONE:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/>
OWNER:	<u>SIFE</u>	PERMIT NO.:	<u>22592</u>	JURISDICTION NO.:	<u>221000</u>		

GENERAL DIRECTIONS

1. New construction including additions which incorporates any of the following features cannot comply using this method: steel stud walls, single assembly roof/ceiling construction, or skylights or other non-vertical roof glass.
2. Choose one of the component packages "A" through "E" from Table 6B-1 by which you intend to comply with the Code. Circle the column of the package you have chosen.
3. Fill in all the applicable spaces of the "To Be Installed" column on Table 6B-1 with the information requested. All "To Be Installed" values must be equal to or more efficient than the required levels.
4. Complete page 1 based on the "To Be Installed" column information.
5. Read "Minimum Requirements for All Packages", Table 6B-2 and check each box to indicate your intent to comply with all applicable items.
6. Read, sign and date the "Prepared By" certification statement at the bottom of page 1. The owner or owner's agent must also sign and date the form.

	Please Print	CK
1. Compliance package chosen (A-F)	1. <u>A</u>	
2. New construction or addition	2. <u>NEW</u>	
3. Single family detached or Multifamily attached	3. <u>SFD</u>	
4. If Multifamily—No. of units covered by this submission	4. <u>—</u>	
5. Is this a worst case? (yes / no)	5. <u>YES</u>	
6. Conditioned floor area (sq. ft.)	6. <u>1560</u>	
7. Predominant eave overhang (ft.)	7. <u>2'</u>	
8. Glass type and area :		
a. Clear glass	Single Pane	Double Pane
b. Tint, film or solar screen	8a. <u> </u> sq. ft.	<u>146</u> sq. ft.
9. Percentage of glass to floor area	8b. <u> </u> sq. ft.	<u> </u> sq. ft.
10. Floor type, area or perimeter, and insulation:	9. <u>9.36</u> %	
a. Slab on grade (R-value)	10a. R= <u>0</u>	<u> </u> lin. ft.
b. Wood, raised (R-value)	10b. R= <u> </u>	<u> </u> sq. ft.
c. Wood, common (R-value)	10c. R= <u> </u>	<u> </u> sq. ft.
d. Concrete, raised (R-value)	10d. R= <u> </u>	<u> </u> sq. ft.
e. Concrete, common (R-value)	10e. R= <u> </u>	<u> </u> sq. ft.
11. Wall type, area and insulation:		
a. Exterior: 1. Masonry (Insulation R-value)	11a-1 R= <u> </u>	<u> </u> sq. ft.
2. Wood frame (Insulation R-value)	11a-2 R= <u>11</u>	<u> </u> sq. ft.
b. Adjacent: 1. Masonry (Insulation R-value)	11b-1 R= <u> </u>	<u> </u> sq. ft.
2. Wood frame (Insulation R-value)	11b-2 R= <u> </u>	<u> </u> sq. ft.
12. Ceiling type, area and insulation:		
a. Under attic (Insulation R-value)	12a. R= <u>30</u>	<u> </u> sq. ft.
b. Single assembly (Insulation R-value)	12b. R= <u> </u>	<u> </u> sq. ft.
13. Air Distribution System: Duct insulation, location	13. R= <u>6</u>	
Test report (attach if required)	14a. Type: <u>CENTRAL</u>	
14. Cooling system	14b. SEER/EER: <u>12</u>	
(Types: central, room unit, package terminal A.C., gas, none)	14c. Capacity: <u> </u>	
15. Heating system:	15a. Type: <u>H/P</u>	
(Types: heat pump, elec. strip, nat. gas, L.P. gas, gas h.p., room or PTAC, none)	15b. HSPF/COP/AFUE: <u> </u>	
16. Hot water system:	15c. Capacity: <u> </u>	
(Types: elec., nat. gas, L.P. gas, solar, heat rec., ded. heat pump, other, none)	16a. Type: <u>ELECTRIC</u>	
	16b. EF: <u>.88</u>	

I hereby certify that the plans and specifications covered by the calculation are in compliance with the Florida Energy Code.

PREPARED BY: DATE:
I hereby certify that this building, as designed, is in compliance with the Florida Energy Code.

OWNER AGENT: DATE:

Review of plans and specifications covered by this calculation indicates compliance with the Florida Energy Code. Before construction is completed, this building will be inspected for compliance in accordance with Section 553.908, F.S.

BUILDING OFFICIAL:

DATE:

COLUMBIA COUNTY, FLORIDA DEPARTMENT OF BUILDING AND ZONING INSPECTION

OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 33-6S-17-09834-110

Building permit No. 000022592

Use Classification SFD, UTILITY

Fire: 17.01

Permit Holder OWNER BUILDER

Waste: 36.75

Owner of Building JAN MACREA SIPE

Total: 53.76

Location: 447 SW OLD LAKE CITY TERR.(RUMPH FARMS, LOT 10)

Date: 06/02/2005



Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

Notice of Treatment

39330

Applicator Florida Pest Control & Chemical Co.

Address 116 NW 16 Ave

City Guille **Phone** 376-2661

Site Location **Subdivision** _____

Lot# _____ **Block#** _____ **Permit#** 22592

Address 4417 SW Old Folke City Ter H.S.

AREAS TREATED

Area Treated	Date	Time	Gal.	Print Technician's Name
Main Body	1-19-05	1:55	260	Guy
Patio/s #				
Stoop/s #				
Porch/s #				
Brick Veneer				
Extension Walls				
A/C Pad				
Walk/s #				
Exterior of Foundation				
Driveway Apron				
Out Building				
Tub Trap/s				
(Other)				

Name of Product Applied Quintox TC 5 %

Remarks _____