

DATE 04/26/2006**Columbia County Building Permit****PERMIT****This Permit Expires One Year From the Date of Issue****000024435**

APPLICANT SAMANTHA HELMICK PHONE 752-1014
 ADDRESS 180 NW AMENITY CT LAKE CITY FL 32055
 OWNER MICHAEL & DEBRA BOYER PHONE 752-8653
 ADDRESS 512 SW CR 349 LAKE CITY FL 32025
 CONTRACTOR UNIQUE POOLS & SPA PHONE 386-752-1014
 LOCATION OF PROPERTY 441 S, R 349, .5 MILES ON THE LEFT JUST PAST
MAGNOLIA PLACE ENTRANCE

TYPE DEVELOPMENT SWIMMING POOL ESTIMATED COST OF CONSTRUCTION 19500.00
 HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT _____ STORIES _____
 FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____
 LAND USE & ZONING A-3 MAX. HEIGHT 35
 Minimum Set Back Requirments: STREET-FRONT 35.00 REAR 25.00 SIDE 25.00
 NO. EX.D.U. 1 FLOOD ZONE XPP DEVELOPMENT PERMIT NO. _____

PARCEL ID 27-5S-17-09415-124 SUBDIVISION MAGNOLIA PLACE
 LOT 24 BLOCK _____ PHASE _____ UNIT 0 TOTAL ACRES 5.00

_____ CPC1456899 *JH*
 Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number _____ Applicant/Owner/Contractor _____
 EXISTING X06-0131 BK JH N
 Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: _____
 NOC ON FILE _____

Check # or Cash 20300**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 \$ 100.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00

Prepared By/Return To:

Unique Pools & Spas

PO Box 1867

Lake City, FL 32056

Permit No. _____

NOTICE OF COMMENCEMENT

FS 713.13

State of Florida

County of Columbia

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.

1. Legal description of property and street address if available: LOT 24 Magnolia Place S/D WD 1021-1456; 512 CR 349, Lake City, FL 32024

General description of improvement: Installing in-ground, concrete swimming pool.

2. Owner Information: Name and address:

Michael and Debra Boyer; 512 CR 349, Lake City, FL 32024

b. Interest in property: 100%

c. Name and address of fee simple titleholder (if other than Owner) _____

3. Contractor: Name and address: Unique Pools & Spas – PO Box 1867

Lake City, FL 32056

Phone number (386) 752-1014 Fax number (optional, if service by fax is acceptable) (386) 752-5613

4. Surety: Name and address N/A

Phone number N/A Fax number (optional, if service by fax is acceptable) _____

Amount of Bond \$ N/A

Lender: Name and address N/A

Phone number N/A Fax number (optional, if service by fax is acceptable) N/A

5. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes: (name and address): _____

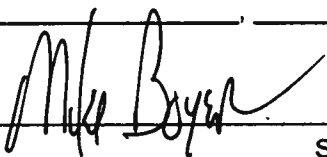
Phone numbers of designated persons _____

Fax number (optional, if service by fax is acceptable) _____

6. In addition to himself or herself, Owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

Phone number of person or entity designated by owner _____ Fax number (optional, if service by fax is acceptable) _____

7. Expiration date of Notice of Commencement (the expiration date is one (1) year from the date of recording unless a different date is specified)



Signature of Owner

This Instrument Prepared by & return to:

Name: **NANCY AMY MURPHY, an employee of
TITLE OFFICES, LLC**

Address: **1089 SW MAIN BLVD.
LAKE CITY, FLORIDA 32025'
04Y-06059NM**

Parcel I.D. #: **09415-000**

Inst:2004016894 Date:07/22/2004 Time:09:05

Doc Stamp-Deed : 339.50

DC, P. DeWitt Cason, Columbia County B:1021 P:1456

SPACE ABOVE THIS LINE FOR PROCESSING DATA

SPACE ABOVE THIS LINE FOR RECORDING DATA

THIS WARRANTY DEED Made the 12th day of July, A.D. 2004, by **GLENN FARMS, INC., A FLORIDA CORPORATION**, having its principal place of business at **P.O. BOX 66, FORT WHITE, FLORIDA 32038**, hereinafter called the grantor, to **DEBRA K. BOYER, TRUSTEE OF THE DEBRA K. BOYER TRUST U/A/D 3/29/89 AND AS AMENDED**, and **MICHAEL J. BOYER, TRUSTEE OF THE MICHAEL J. BOYER TRUST U/A/D 3/29/89 AND AS AMENDED**, EACH AS TO AN UNDIVIDED ONE HALF INTEREST, whose post office address is **1046 SW 57TH ST, CAPE CORAL, FL 33914**, hereinafter called the grantees:

(Wherever used herein the terms "grantor" and "grantees" include all the parties to this instrument, singular and plural, the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations, wherever the context so admits or requires.)

Witnesseth: That the grantor, for and in consideration of the sum of \$10.00 and other valuable consideration, receipt whereof is hereby acknowledged, does hereby grant, bargain, sell, alien, remise, release, convey and confirm unto the grantees all that certain land situate in **Columbia County, State of FLORIDA**, viz:

Lot 24, **MAGNOLIA PLACE**, according to the map or plat thereof as recorded in Plat Book 7, Page 174-179, of the Public Records of Columbia County, **FLORIDA**.

THE ABOVE DESCRIBED PROPERTY IS NOT THE HOMESTEAD PROPERTY OF THE GRANTOR.

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold the same in fee simple forever.

And the grantor hereby covenants with said grantees that it is lawfully seized of said land in fee simple; that it has good right and lawful authority to sell and convey said land, and hereby fully 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 taxes accruing subsequent to December 31, 2003.

In Witness Whereof, the said grantor has caused these presents to be executed in its name and its corporate seal to be hereunto affixed by its proper officers thereunto duly authorized, the day and year first above written.

Signed, sealed and delivered in the presence of:

GLENN FARMS, INC.

Nancy A. Murphy
Witness Signature

Nancy A. Murphy
Printed Name

By: Judy Glenn L.S.
Name: **JUDY GLENN**
Title: **PRESIDENT Sec/treas**

Inst:2004016894 Date:07/22/2004 Time:09:05

Doc Stamp-Deed : 339.50

DC, P. DeWitt Cason, Columbia County B:1021 P:1457

STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 12th day of July, 2004, by JUDY GLENN as SECRETARY/TREASURER of GLENN FARMS, INC., a Florida corporation. He (she) is personally known to me or has produced _____ as identification.



JOYCE KIRPACH
MY COMMISSION # DD 310594
EXPIRES: April 20, 2008
Bonded Thru Budget Notary Services

Notary Public

My commission expires _____

For Office Use Only Application # 0004-56 Date Received 4/20/06 By JW Permit # 24435
Application Approved by - Zoning Official BLK Date 4-20-06 Plans Examiner OK JTH Date 4-21-06
Flood Zone N/A Development Permit N/A Zoning A-3 Land Use Plan Map Category A3
Comments _____
ck# 20300

Applicants Name Miranda M. Koon Phone 386.752.1014
Address 190 NW Amenity CT, Lake City, FL 32055
Owners Name Debra & Mike Boyer Phone 386.719.6905
911 Address 512 CR 349, Lake City, FL 32024
Contractors Name Unique Pools & Spas, Inc Phone 386.752.1014
Address 190 NW Amenity CT, Lake City, FL 32055
Fee Simple Owner Name & Address N/A
Bonding Co. Name & Address N/A
Architect/Engineer Name & Address Unique Pools & Spas, Inc.
Mortgage Lenders Name & Address N/A
Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progressive Energy
Property ID Number 27-55-17-09415-124 Estimated Cost of Construction \$19,500
Subdivision Name Magnolia Place Lot 24 Block — Unit — Phase —
Driving Directions Take 41 south toward high springs to Hwy 349
Take a right onto 349 go past the entrance to Magnolia Place
to 512 CR 349.
Type of Construction Swimming Pool Number of Existing Dwellings on Property 1
Total Acreage 1 Lot Size — Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive
Actual Distance of Structure from Property Lines - Front 172' Side 143' Side 143' Rear 330'
Total Building Height N/A Number of Stories N/A Heated Floor Area N/A Roof Pitch N/A

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.

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.

Miranda M. Koon
Owner Builder or Agent (including Contractor)

STATE OF FLORIDA
COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me

this 20th day of April 2006.

Personally known ✓ or Produced Identification —

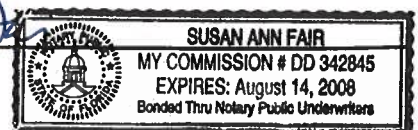
[Signature]
Contractor Signature

Contractors License Number CPC1456899

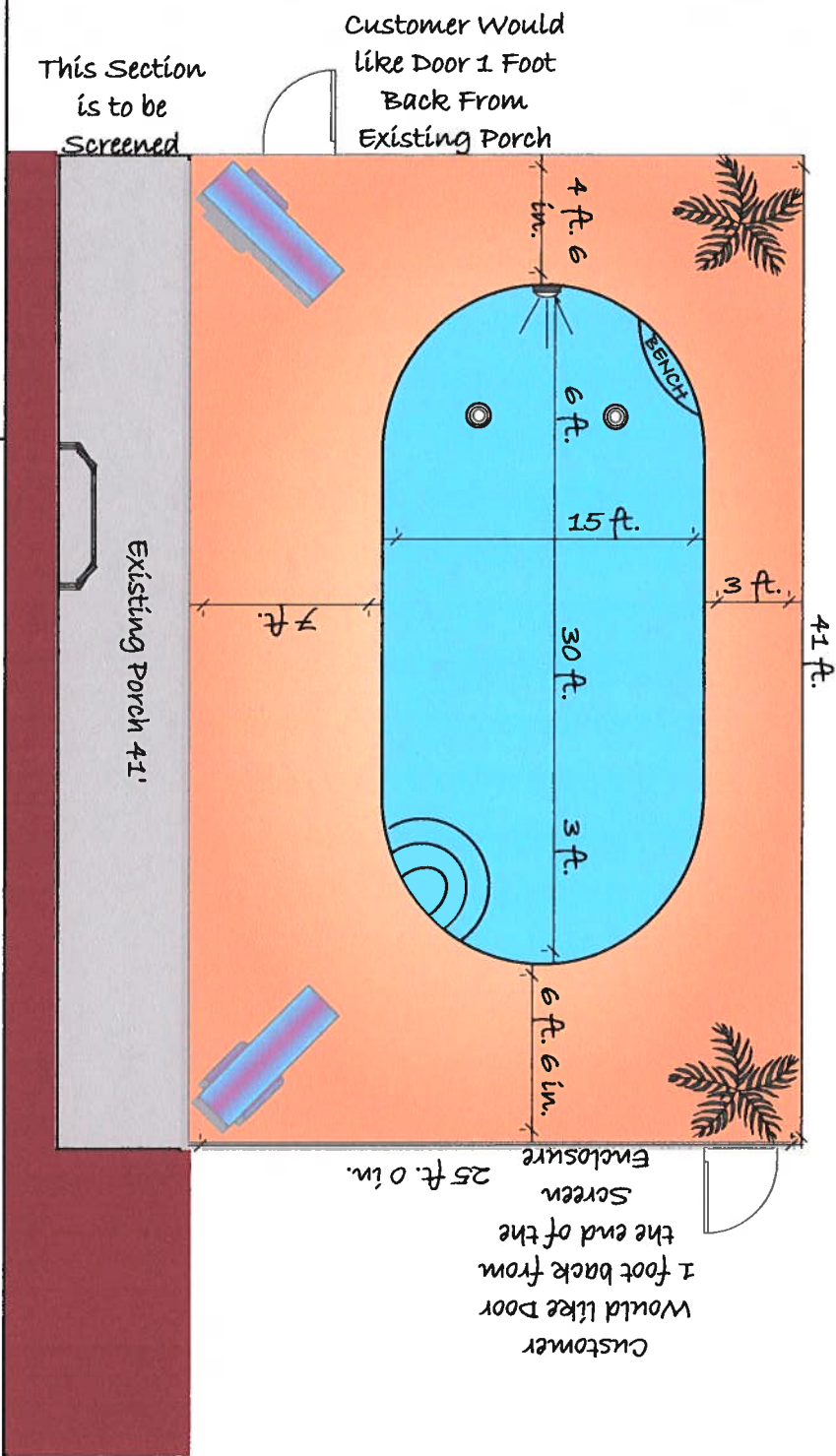
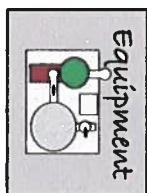
Competency Card Number —

NOTARY STAMP/SEAL

[Signature]
Notary Signature

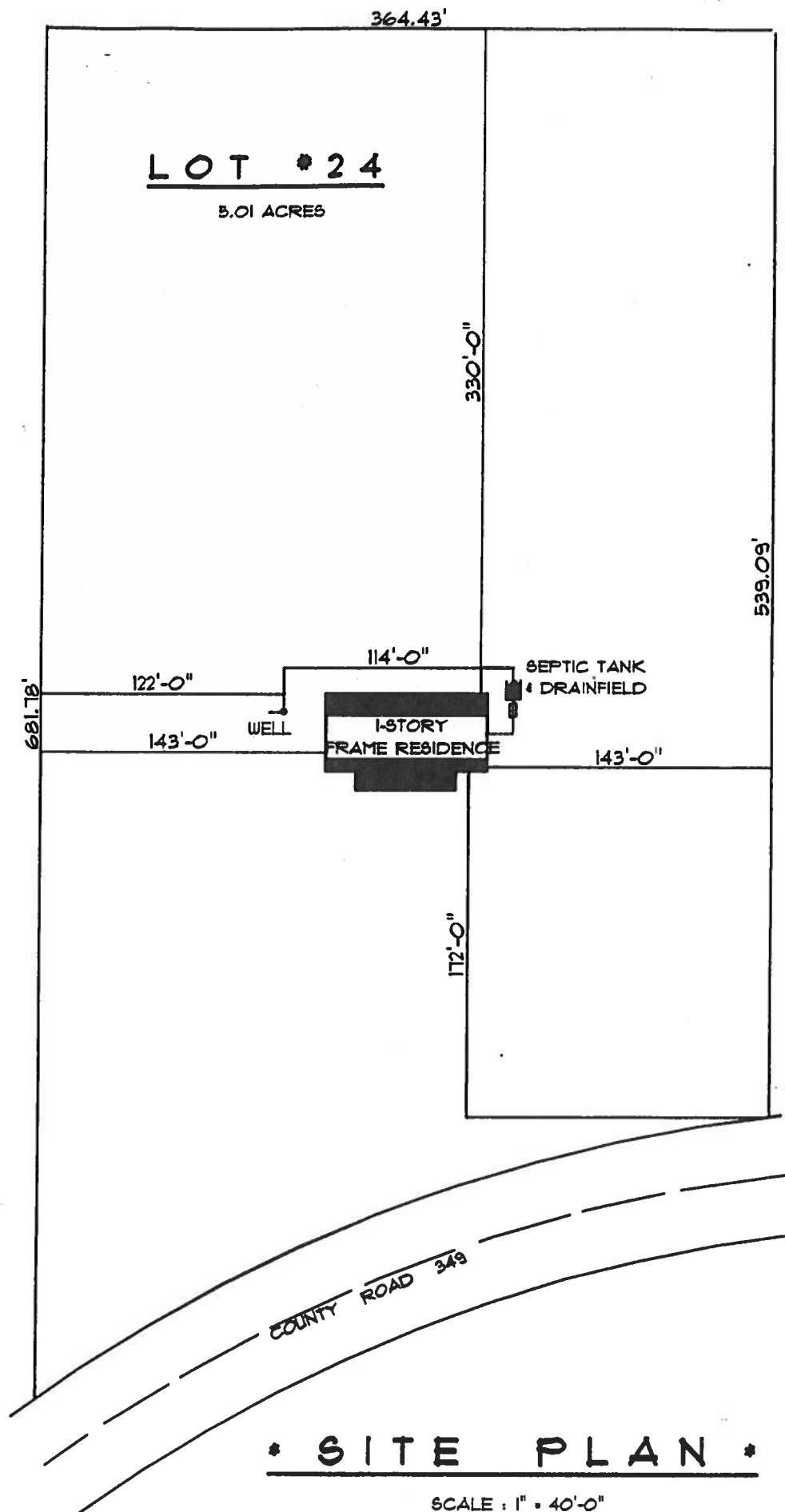


Existing Building



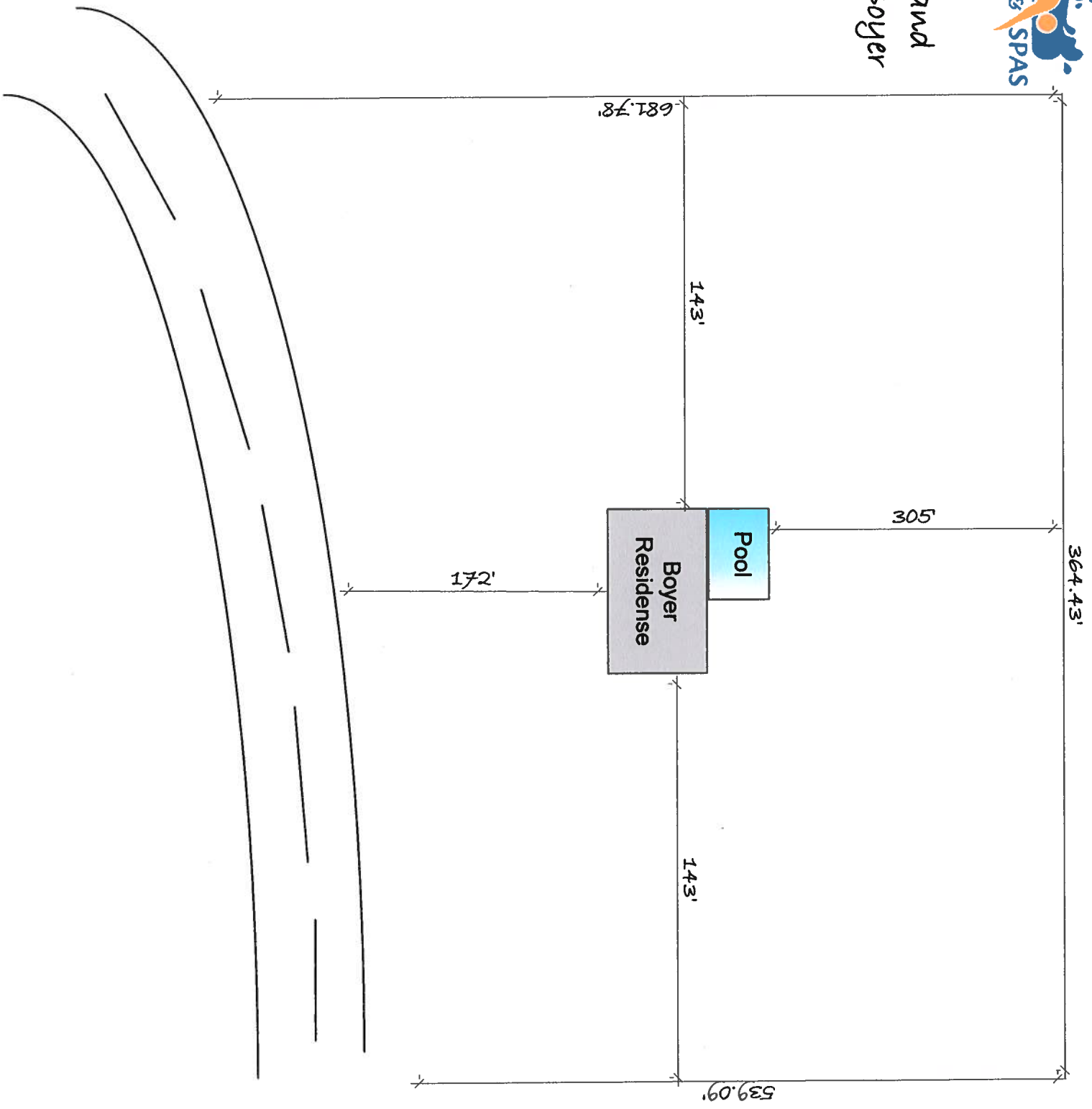
Do not duplicate - This drawing is the property of Unique Pools and Spas, Inc and may be purchased separately for \$250. No duplication allowed. Violators may be prosecuted.

| | | |
|---|--|------------|
| <p>Mike and Debra Boyer 512 CR 349 Lake City, FL 32024</p> | | |
| <p>Unique Pools and Spas, Inc. 180 Amenity Court, Lake City, FL 32055 386.752.1014 FAX 386.752.5613</p> | | |
| <p>DATE: January 30, 2006</p> | <p>DESIGNER</p> <p>Miranda M. Koon</p> | <p>REV</p> |
| <p>SCALE 1/8" = 1'</p> | <p>SHEET 1 OF 1</p> | |

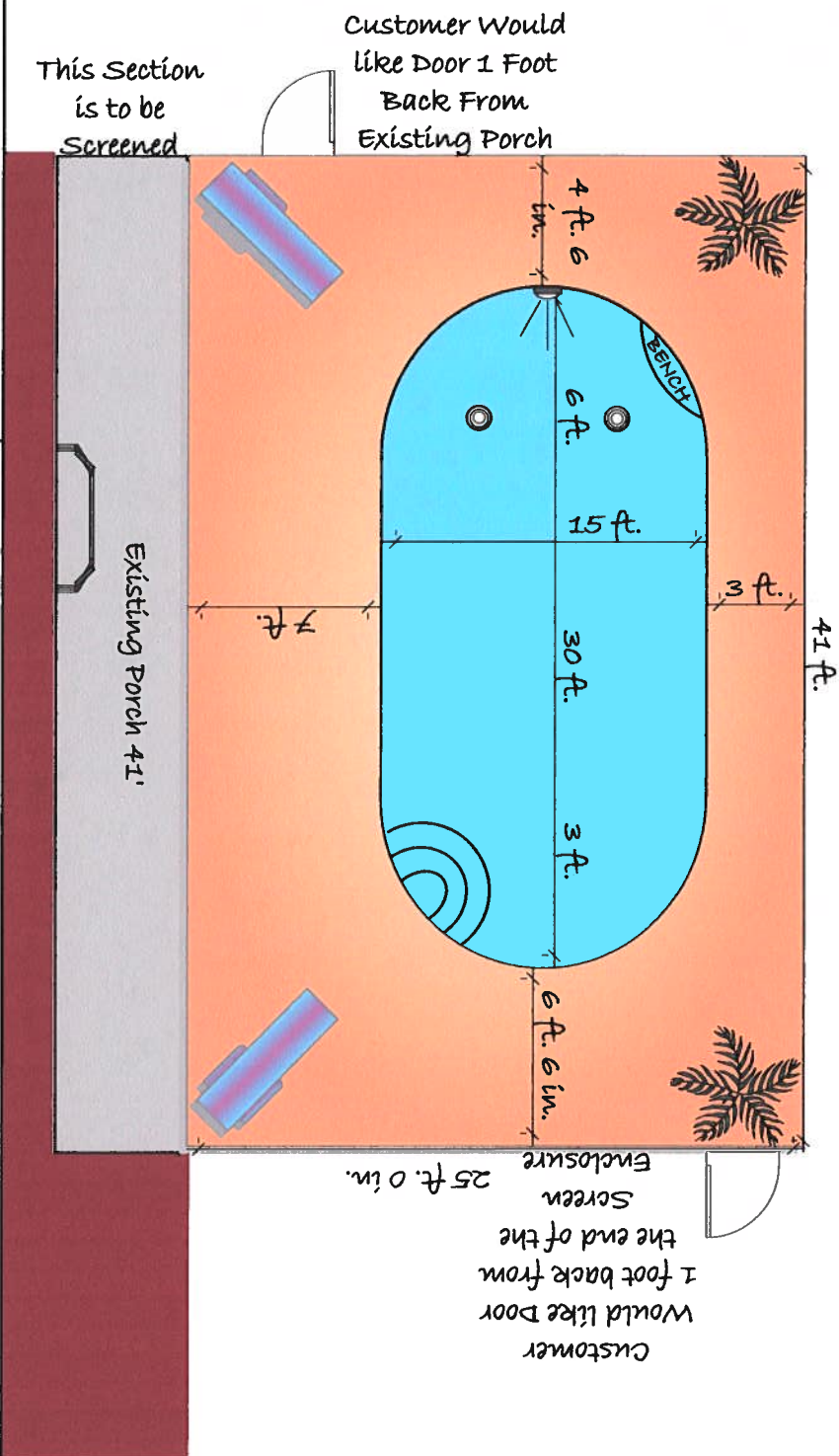




Mike and
Debra Boyer



Existing Building



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Mike and Debra Boyer

512 CR 349

Lake City, FL 32024

Unique Pools and Spas, Inc.

180 Amenity Court, Lake City, FL 32055

386.752.1014 FAX 386.752.5613

DESIGNER

Miranda M. Koon

DATE: January 30, 2006

SCALE 1/8" = 1'

SHEET 1 OF 1

REV